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Military Chaplains' Review

Fall 1988

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Book Reviews

Professional Bulletin of the US Army Chaplain Corps

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Military Chaplains' Review

Fall 1988

Military Chaplains' Review

Professional Bulletin of the US Army Chaplain Corps

Chief of Chaplains
Chaplain (MG) Norris L. Einertson

US Army Chaplaincy Services Support Agency
Chaplain (COL) Herman Keizer, Jr., Deputy Director

Editor
Chaplain (MAJ) Granville E. (Gene) Tyson

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Themes being considered for future issues:

Futures Issues

Religious Education

Persons interested in contributing an article on one of the themes listed above should coordinate early with the editor to insure that their contributions fits well with other articles planned for the issue.

The *Military Chaplains' Review* also prints an occasional "non-thematic" issue. Any subject having to do with chaplain ministry is appropriate for such issues.

Headquarters
Department of the Army
Washington, D.C.

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Introduction to the Fall Issue

When I came into this job this past summer I discovered some interesting articles awaiting me. Many are incorporated into this issue and though it is not "thematic" by design, it seems to have developed a theme of its own.

Leading off this issue are two related articles. The first, by Chaplain (COL) Henry Lamar Hunt of FORSCOM speaks eloquently about the spirit of the Army Chaplaincy. The second by Chaplain (CPT) Gary W. Brown, seems to exemplify what Chaplain Hunt holds up as the foundations of the Chaplaincy. These articles which came from two different persons, two different experiences, and two different parts of the world, seem to reinforce and complement each other. Then compare to what William J. Hourihan has said about the Chaplaincy's early days, and Mark Howard's article on the role of the Chaplain's Assistant in WW II.

There are two kinds of captains in the Army Chaplaincy today: those who have attended the Combined Arms Services Staff School at Fort Leavenworth, (CAS^3) and those who will. In this issue we take an in depth look at what has been called the "Admin Ranger Course" in the U.S. Army, to see what are the unique challenges to chaplains in this rigorous nine week course. Chaplain Harvey Brown speaks from his recent experiences, having graduated in October 1988.

Some of you have expressed a desire to communicate through a "letters to the editor" column. The medium of a quarterly journal does not facilitate timely responses to issues, but in the Army Chaplaincy we have another medium available to many: electronic mail. Those who wish to express their opinions about articles or issues in the *Military Chaplains' Review* may enter an item into CHAPNET for all users to read, or send a message to the editor, Gene Tyson or to CHSA on Optimis. Please keep us informed about the issues and how you feel. Your messages will add interest and enable this journal to better meet the needs of the Military Chaplaincy.

Chaplain (MAJ) William Noble has gone on to his reward to be DISCOM Chaplain of the 1st Armored Division. Bill has left a long legacy of excellent accomplishments during the three and one-half years he was editor. My major objective is to sustain the high quality of this professional journal which he has so well established.

Granville E. (Gene) Tyson
Chaplain (MAJ), USA
Editor

Pillars Of The Regiment

Henry Lamar Hunt

By pillars of the regiment, I mean those trustworthy foundations upon which the Chaplain Corps is built.

They are the values that have sustained the Corps for two hundred years, the underpinnings, those basic principles that guide our activities now, and will remain as reliable guidelines for a regiment facing future challenges.

This is an effort to look at what is most important among us. These are not new concepts. What you will hear is how I see the regiment after 22 plus years, one war, and 101 months overseas.

And, of course, these are my sentiments. I do not pretend to speak or the FORSCOM Chaplain, the Chief of Chaplains, or for the Regiment.

Ministry

Let's deal first with the idea of ministry. I define ministry as providing pastoral care and spiritual challenge to people.

Ministry is preaching, teaching, healing, and counseling; it is baptizing, marrying, burying, and more.

It combines the strong voice of the prophet with the soft touch of the shepherd.

Ministry is pastoral because it flows from a genuine concern for people. It is spiritual because it speaks to mankind's most urgent needs and confronts its most abiding realities.

For one to presume to such a vocation without a divine call would be the highest arrogance.

The ministry is not a volunteer vocation. Nor is the chaplaincy. We are people of God: ministers, priests, and rabbis. I could not dare to preach

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Chaplain (COL) Henry Lamar Hunt is the Deputy FORSCOM Chaplain, Fort McPherson, Georgia. He is a United Methodist minister, with degrees from Erskine Theological Seminary and Long Island University. He also is a graduate of the Army War College. His assignments include chaplain to five different brigades, Division Chaplain to the 5th Infantry (Mechanized) Division, and Post Chaplain, Fort Eustis, Virginia. This article was originally given as a speech at the III Corps and Fort Hood Regimental Dining Out in December, 1987

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to people about basic and eternal values if I did not know that God had called me to do so.

However, the parameters of ministry are broad. Our special parish, soldiers and their families, who come from all across America, and from many different traditions, needs a variety of voices. We need voices that express the sentiments of:

A Billy Graham's eloquent and forceful call to personal salvation;

A Martin Luther King, Jr.'s powerful challenge to embrace justice and equality for all of God's children;

A Mother Teresa's quiet insistence that the very poor and terminally ill are also people of dignity and worth;

An Elie Wiesel's urgent insistence that this generation must learn from the mistakes of the past so that there will never be another holocaust.

A Pope John Paul's witness to the world's leaders about the right to worship, to work, and to live in peace.

The voices of the Pentecostalists, the Adventists, the Mormons, and many others also have their place.

We are all like missionaries who leave the comfort and predictability of home to minister in an alien culture. We have moved from a civilian to a military milieu. More of us stay than any other branch in the Army. The pay and benefits are good, and retirement is a definite plus. But I am convinced that most of us stay because we know that it is God's will for us. The first pillar of the regiment, then, is the call to ministry.

Collegiality

There are other good words that convey the same basic meaning. Ecumenism, a word loved by some and maligned by others, is the name for the movement to seek unity through cooperation and understanding. Military chaplains set the example of working together and modeled ecumenism for the civilian pastors.

Another good word is pluralism. The term implies acceptance of differences by people who are united in a common good.

Collegiality carries the same message as ecumenism and pluralism but its force is more positive. You may remember that collegiality was a favorite theme of a former Chief of Chaplains, Orris Kelly.

Collegiality means working together, helping each other do his or her job. In Viet Nam it was me rounding up the Catholics while Jim Brennan prepared to say Mass. Then it was his rounding up the Protestants while I was getting ready for services.

It was me giving Holy Communion to the battalion of a Mormon Chaplain buddy, Claude Newby. It was finding a rabbi to come lead my Jewish soldiers during the Holy Days.

It was the Catholic Division Chaplain, Charlie Powers, writing to my wife, complimenting my work, and assuring her of my safety.

It is all of us, working constantly to insure that every soldier has the right to the free exercise of his or her religion, be it Protestant, Catholic, Jewish, Fundamental, Liberal, or Eastern.

Chaplain (COL) Tom Downes has done some good work along these lines. He describes the chaplain as PRIEST, PASTOR, and PERSON. The priestly part is our connection to our ordaining body and is sacrosanct. The person is that part that affirms our common humanity. The pastor is the connection that allows for cooperation in caring for fellow human beings. It is in our role as pastor, that broad common ground, that we connect with others from different denominations and traditions and contribute to that person's enhancement as a fellow chaplain.

I had an opportunity to visit with Chaplain Al Nondorf two weeks ago in Norfolk. We reminisced about combat experiences we shared around Quan Loi, Viet Nam.

I told him about this speech, and that I intended to develop collegiality as that propensity to work together, to help one another do his job. He said that collegiality was much more than that. Taking me back to Quan Loi, he insisted that collegiality was expressed in chaplains genuinely caring for each other; that it was all the things we did to help each other survive.

That conversation helped me to remember another Catholic Chaplain who exemplified collegiality in a rather unusual way. His name was John Grothwahl. He was very powerfully built and very athletic. During a particularly bloody encounter near the Black Horse fire base I started getting sick to my stomach at the sight of all the blood, suffering, and death. The sucking chest wounds would get to me every time. When a soldier had one, he couldn't be put to sleep. The doctors had to literally bore a hole in his chest to drain the accumulating fluids lest he drown in his own blood. The soldiers wanted the chaplain beside them to pray, and hold their hand. John always kept one eye on me. When he saw me getting pale he would ease over to where I was and say that he wanted to talk to that soldier a few minutes and maybe I would enjoy a bit of fresh air.

When a first grade teacher saw a group of her students crying she noticed that they were gathered around Johnny. "What's wrong?" she asked. A little girl answered, "We've all got a pain in Johnny's stomach." Collegiality means sharing the pain in another person's stomach.

So, collegiality is the right word to describe that special relationship among us. It means working together, cooperating with one another, but it also means more. It conveys warmth, friendship, and love. As Ch (LTC) Dick Stenbakken said, it means "sharing the harness," being bound together for a common mission, and it is the second pillar of the regiment.

Courage

Why courage? Because we are soldiers. Courage is a soldiers quality. If we are going to go with soldiers, live with soldiers, and take care of them as soldier chaplains we have to be men and women of courage.

I have alluded to the courage required to live in the military community, to travel to foreign countries, to risk self, and perhaps even terrorist attacks upon ones family.

There is also the courage to challenge the system when it has failed

to take care of its people. And the courage to stand up to a commander, to tell him if he is wrong.

However, I am really talking about the courage to go into combat, and to do so as a non-combatant.

The Geneva Convention defines our role as non-combatants. You must prepare yourself to go to war as a non-combatant.

I never carried a weapon in Viet Nam. There were two occasions when, because of losses in the unit, someone handed me an M–16. My answer on both occasions was "not yet." I can't say that there would never have been a circumstance that would have prompted me to take a weapon to defend myself. But I do feel, even firmer than I did in 1969, that we must protect the status of non-combatancy for chaplains.

Some of my chaplain buddies did carry weapons in the war. They may have experienced greater danger than I, and even though I can understand their doing so, I think that they should not have.*

We are the only professional branch that accompanies battalions in combat. Our purpose in being there is not to provide additional fire power, but spiritual enablement.

I knew several dozen chaplains in Viet Nam. Many of them were men of demonstrated heroism. I knew two that were cowards. One was a division chaplain and the other was a battalion chaplain. They could always find an excuse for not accompanying their men in dangerous areas. The sad thing about it was that they could not hide their cowardice. Everyone in their units came to know their terrible secret. They were pitiable. Even sadder than their cowardice was the cost to their soldiers, who were denied pastoral care when they needed it most, when they were wounded and dying. If we will not be with soldiers in combat we have no right to be with them now.

We chaplains are non-combatant pastors to combat troops. We must never compromise on this issue. Courage is the third pillar of the regiment.

Faith

I placed this pillar last because it is the most important. It is the absolutely indispensable element.

Our pastoral skills can be sharpened by advanced training in related fields. But we can survive as a regiment without graduate degrees in psychology, management, philosophy, education, and sociology.

We cannot survive without faith. Faith is what moves the mountains of despair, heals the torn relationships, and validates us as ministers of God.

I was talking with an installation chaplain recently about his interview with a chaplain candidate. The young man's credentials were impeccable and his academic qualifications great. But in the ten years since seminary he had worked as a social worker. He had never once served as a pastor. The installation chaplain recommended against his entry on active duty as a chaplain. I would have too.

*Editor's note:

The newly-published AR 165–1 specifically prohibits Chaplains from bearing arms or being required to do so.

I can accept a young chaplain who is rough around the edges if he or she is a person of faith. We can round off the edges. We can teach protocol and administrative procedures, and how to work in the system.

But we can't teach faith. It is God-given.

During World War II an American Army Chaplain visited a German POW camp to give out New Testaments. One of the POWs was a young German soldier named Jurgen Moltmann. Of course the chaplain would have had no reason to recognize the name. However, most people who have studied in seminaries during the last thirty years know the name. Moltmann is Professor of Theology at Tubingen and a world famous Evangelical scholar.

In 1986 Dr. Moltmann spoke to a group of American Chaplains. He recalled the experience as a POW and told how cold and hungry they all were, and how resentful he was to be given a New Testament instead of food and clothing. That experience brought hope to the young POW and was instrumental in his dedicating his life to Christian ministry and teaching. He pulled a New Testament out of his pocket. It was frayed and worn. "See, I still have it," he said, "And it even has a greeting from President Franklin D. Roosevelt."

The faith I am describing is not the faith of Jurgen Moltmann, great though it may be, but of an American Chaplain whose name is lost to the story. I am talking about the day-by-day faith. The kind that sent you to the critical care ward this morning and the confinement facility this afternoon. The kind that sends you to the field, to the day room, the motor pool, on REFORGER, and into combat.

So I don't need a famous example of faith to illustrate this fourth pillar of the regiment. There are dozens here tonight. You are my best examples.

In closing let me say that the chaplaincy is more than just chaplains. It is spouses, and family members too. More than ever it is teams composed of chaplain and chaplain assistant, Unit Ministry Teams. It is civilian employees and volunteers. The chaplaincy is a whole family at work for God. It is a special family, a wonderful family. What a pleasure it is to be a member.

These four pillars: MINISTRY, COLLEGIALITY, COURAGE, and FAITH provide the underpinning for the chaplaincy.

They provide the test of our commitment and calling.

A Letter From The Border

Gary W. Brown

Some of the special U.S. Army front line units are known as the regimental armored cavalry squadrons. There are special needs for a chaplain assigned to these units, especially in the 6 squadrons in the 2nd and 11th Cavalry Regiments in Germany. Consequently, the chaplains assigned to these types of units must be ready to meet those needs.

A regimental cavalry squadron in the 11th Armored Cavalry Regiment (11th ACR) is composed of 3 Troops, each having 9 M–1 tanks, 12 M–3 Bradley fighting vehicles, and 2 M–106 mortar tracked vehicles. The regimental Cav squadron also has 1 tank company of 14 M–1 tanks and 1 howitzer battery of 6 M–109A2 self-propelled howitzers. In short, a regimental cavalry squadron is missing only infantry to make it a full combined arms team. The day to day mission of the Cav in Germany is different from the vast majority of the Army.

Most of the Army trains to meet the Threat in war. We in the Cav in Germany meet the Threat everyday on the Iron Curtain. Whether it's in southern Germany on the Czechoslovakian border like our sister units in 2nd ACR, or the East Germans in northern Germany with the 11th ACR, we physically face the opposing forces in our day-to-day duty. If these forces should ever decide to cross the border and enter into a war in Europe, we are the first they would meet. We will be the first to fight. Our mission is real world, 24 hours a day, 365 days a year.

During my time in the 2nd Squadron, 11th ACR (the Eaglehorse Squadron) I've learned some very valuable lessons about ministry to soldiers and family members. Many units have a mission that requires the soldier to be gone about 210 days a year. I've learned some lessons ministering to these folks; some lessons came easily; others the hard way. But they're all important lessons.

To my great surprise, I've learned that the things taught to me in the Chaplain officer basic course are true. It goes without saying that no matter what type of unit you are in, you need to be up on your soldier skills. This is especially true in the Cav.

Chaplain (CPT) Gary W. Brown is a Battalion Chaplain in the 2/11 Armored Cavalry Regiment in Bad Kissingen, FRG. He is a United Methodist, and was educated at Mt. Vernon Nazarene College, and the United Methodist Theological School, Dayton, Ohio.

Map reading is a must. When we go to the field, and go into assembly areas (AAs), there may be 20 or more kilometers between units on a 60 km wide front; field trains are 20 to 30 km kilometers behind us. This is not the time to discover that you're map reading skills aren't the best. When it's dark and you're going from point A to point B in northern Germany in the winter, you look awfully funny standing along side of the road waiting for some American vehicle to come by. Nor is it the time to discover you can't read a map when your commander walks up to you at Hoenfels and gives you an 8 digit grid and says "Take my Bradley to this grid, I'll meet you there in about an hour." Chances like that to prove your military "mettle" to your commander may only come once; you can't afford to blow it.

Yes, when my commander got to that grid, his Bradley was there waiting for him.

Map reading will either keep us alive in the next war, or get us killed. I was lucky; the chaplain I replaced, Gary Pendrak, made sure I could read a map. The bottom line is if you can't find your troops to minister to them, you can't do your job.

You have to become somewhat of an expert on transportation. I've been fortunate to have been blessed with a commander, LTC John Miller, who has totally supported me including with a vehicle. Take care of it. I know that it's your chaplain assistant's job to do maintenance, but get out there with him. Do it yourself sometimes. You may not always have a chaplain's assistant to do it for you. In a Cav unit, that vehicle is the only means of transportation you have to do your job. If you lose it you're hurting.

What about radios? Do we need them? Read the chaplain after action reviews from the NTC and see how many chaplains "died" because they drove into the middle of a battle that they didn't know was going on. We need secure communications equipment. Use the CEOI. My radio may save my life someday, and I treat it as such. It's also a tremendous help in ministry. Just by listening to the radio you can follow the ebb and flow of battle, and you can plan your visits accordingly. Additionally, if there is an emergency and your presence is needed quickly, you're easier to contact if you have a radio.

I think we need to plan on how we as individual soldiers will minister to our soldiers in the next war. A great deal of emphasis is placed on ministry to the soldiers and families in garrison, and in Germany; this is critical. But we can never forget that our primary job is to minister to our soldiers in war. Being in a Border Cav squadron in Germany drives home that point everyday. We are located about 20 kilometers by air from the border. Every alert we have reminds us of the realities of our job. As chaplains we cannot afford to plan for our wartime ministries after the shooting starts; we've got to do it now. After the bullets begin to fly plans will change, but at least we will have some idea of what we want/need to do before those bullets fly.

Part of that planning must also be psychological. I was one of the 2 chaplains on the ground when the M–180 cratering device exploded prematurely at Honhenfels killing 3 and wounding over a dozen soldiers in June of 1987. After witnessing the pain and the toll in human lives, and minister-

ing to those who survived, I realized that a chaplain needs to be mentally and spiritually prepared to deal with the "blood and guts" of war. We are going to see it more than we think and more than we can imagine. The modern battlefield is an extremely lethal place to be. What really surprised me was the amount of ministry that those who had been at the scene, and escaped unhurt, needed. I spent the vast majority of my time with those soldiers. The chaplains at the Nurnburg Army Hospital where the injured were flown were superb. They dealt with those in the hospital in those crucial hours after the accident while Ch Hutchenson and I dealt with the psychologically wounded. Be ready to deal with the "survivor syndrome;" you are going to see it. We have got to be ready to face our mortality and deal with it.

If your unit has a combat lifesaver program, get in it! Part of my frustration from the accident was the feeling of helpless that I experienced during that time. I know that our job is not to be a medic, but being located with the squadron aid station in time of war I feel that we need to be able to help in any way we can. Also, know your physicians assistant, and your medics. They most definitely will need your ministry as they deal with the result of battle. We need to be up on all our soldier skills, especially ministry in the nuclear, biological and chemical environment.

The idea of being in MOPP 4 doesn't excite most of us, but it is a reality that we must live with and be prepared to deal with, not only to survive, but also to be able to continue to provide ministry in that type of environment.

We need to have at least a basic grasp of our unit's plan of battle. The effective chaplain must be able to anticipate his units movement and what the unit will be doing. Knowledge of the battle plan will help. We may never alter or change our General Defense Plans (GDP) but we need to know and understand what it's all about.

We also need to understand what our soldiers are about in their day to day jobs. We do this by being with them as they do it. Spending 4 days and nights in a Bradley with no operating heater in the dead of a German winter is to quickly reach a deeper understanding and appreciation for what our soldiers do regularly. Not only do you learn about them, but they learn about you. They also learn to love and respect you for what you do for them. They know you don't have to freeze or sweat with them; they also know that you are doing it for them. And that's what counts. Sometimes in order to minister to our people we need to live life as they do and share some of the same risks. And again, they respect you for it. And the next time they have a problem, they're more willing to come to you because you shared their life with them and understood them, and they you.

We need to be in touch not only with our Troop/Company/Battery commanders, but also with the staff. That message was constantly driven home at the Basic course and it is well worth remembering. The commander's primary staff officers are fountains of information waiting to be tapped. In my squadron, it is critical for me to have a good relationship with all of them, particularly our Squadron Motor Officer (SMO). He's the Combat Trains commander and that's where I live in the field. Know these folks.

The S–3 is crucial because he's the man who is in touch with the training schedule. With our soldiers in the field so much, and trying to plan chapel programs for our soldiers and families, the S–3 becomes a key help in setting dates for those programs. Don't ignore the S–2; intelligence about current battlefield situations may keep you alive. The relationship with the S–4 goes without saying. He's the man who has it all and if he doesn't have it, he can get it for you. The S–1 is important too, he handles all those neat facts and figures about the people you minister to. My chaplain's assistant is assigned to the S–1 section. Having a good working relationship with the S–1 is key to making sure he is there when I need him. Minister to these folks too! It's easy to become consumed with ministry to the front line combat soldiers, but the staff and their people are soldiers too, and they need a chaplain just like the front line soldier.

Don't forget about the commander and the executive officer. I'm convinced that if you can prove to these two people that you can do your job, the struggle is over and they wind up giving you total support. That total support makes the difference between struggling to get your ministry considered a unit priority and seeing it as a unit priority. Remember, it's up to the chaplain to prove his worth. If you do it, ministry becomes a tremendous joy instead of a day to day hassle.

As I sit here and think about what I've just written, I guess all of the above is true no matter what type of unit you minister to, whether it's front line combat, like the Border Cav, or a support unit. Our mission is the same, minister to the soldier and the family, pray for peace and prepare for war.

Chaplain Alfred A. Pruden and the Professionalization of the United States Army Chaplaincy, 1899–1920.

William J. Hourihan

"The American soldier today is part of a great machine which we call military organization.... The machine today is defective; it needs improvement; it ought to be improved."[1] It was with this bold challenge in an October 1899 speech that Elihu Root, a corporation lawyer and political figure without any military experience, and newly appointed Secretary of War, sounded a clarion call for the reform and professionalization of the United States Army. Two months later, Root, in his first annual report, outlined a comprehensive plan of Army organization which would begin the essential reshaping of that institution.[2]

The reform movement initiated during Root's tenure (1899–1904), while never carrying out policies to the extent that reformers wished, fundamentally changed the Army. The "Root Reforms," as they came to be known, professionalized a force, which, prior to 1899, was dominated by the traditions and organization of 18th and early 19th century armies.

Root's initiatives, at least partially, brought the Army into line with the highly organized and well-equipped European land forces which emerged during the latter 19th century. These reforms included increasing the size of the Regular Army, augmenting it with an effectively trained reserve force, eliminating the rigid seniority system of promotion, establishing an educational system for the professional development of officers (including the founding of a War College), creating a General Staff, and instituting the position of Chief of Staff to replace that of Commanding Gen-

[1]Walter Millis, *Arms And Men: A Study in American Military History* (New York: Putnam, 1956), 175.

[2]*Ibid.*

Dr. William J. Hourihan is the United States Army Chaplain Branch Historian, assigned to the U.S. Army Chaplain Center and School, Fort Monmouth, NJ. He holds the Ph.D. from the University of Massachusetts at Amherst, and is also on the faculty of Monmouth College, West Long Branch, NJ, where he teaches Military History. He is a frequent contributor to the *Military Chaplains Review* and other military publications.

eral of the Army.[3] This remodeling, what historian Walter Millis has called a "managerial revolution," also affected the smallest and least organized element of that military machine—the Army Chaplaincy.

For the first time in its history, a coherent chaplaincy came into being, a chaplaincy far removed from the *ad hoc,* decentralized approach to organization which had typified its existence since 1775. In a 10 June 1902 memorandum to the Secretaries of War and the Navy, President Theodore Roosevelt, a strong supporter of Root, gave his benchmarks on what it took to make a good chaplain:

> I want to see that hereafter no chaplain is appointed in the Army (and Navy) who is not a first class man—a man who by education and training will be fitted to associate with his fellow officers, and yet has in him the zeal and the practical sense which will enable him to do genuine work for the enlisted men. Above all, I want chaplains who will go in to do this work just as the best officers of the line or staff or medical profession go in to do their work. I want to see that if possible we never appoint a man who desires the position as a soft job.[4]

After 1899, the chaplaincy developed a coherent method for screening and selecting candidates. In 1909, a Board of Chaplains was crated "to collect and tabulate suggestions from chaplains and commanders ... [and] to make recommendations to the War Department of a more effective chaplaincy."[5] That same year marked the first official recognition of the chaplain assistant by the War Department. In 1914, the highest rank a chaplain could hold was that of captain; however, in that year it was increased to major, and in 1906 to lieutenant colonel. The two most important advances came in 1918 with the formation of a school to train chaplains and chaplain candidates, and in 1920 with the formation of the Office of the Chief of Chaplains in Washington, D.C.[6]

By 1920, the United States Army Chaplaincy had established a solid, if still tenuous, organizational base. There were a number of chaplains who played key roles in this process which saw the chaplaincy evolve into what could clearly be perceived as a professional branch of the Army. The names of Henry A. Brown, Barton W. Perry, Orville J. Nave and John T. Axton (the first chief of Chaplains) are significant, but one name, that of Chaplain Aldred Adino Pruden, stands out above the rest.

In 1899, the same year that Root took office, the number of chaplains in the Army stood at 34. By 1904, when Root left to become Secretary of State, the figure had risen to 57.[7] One of these newly minted chaplains was Pruden, an Episcopal clergyman from North Carolina. Born in Pittsylvania County, Virginia in 1866, and after having graduated from the

[3]T. Harry Williams, *The History Of American Wars: From 1745 to 1918* (New York: Knopf, 1981), 350–55; Allan R. Millett and Peter Maslowski, *For The Common Defense: A Military History of the United States of America* (New York: Free Press, 1984), 310–17.

[4]Joseph B. Bishop, *Theodore Roosevelt And His Time: Shown in His Own Letters* (New York: Scribner's, 1920), I, 190.

[5]Earl F. Stover, *Up From Handyman: The United States Army Chaplaincy, 1865–1920* (Washington, D.C.: Office of the Chief of Chaplains, 1977), 155.

[6]*Ibid.*, 147–56, 203–6.

[7]*Ibid.*, 148.

Theological Seminary of Virginia in 1894, Reverend Pruden became pastor of St. Phillips Episcopal Church, Durham, North Carolina. In 1898, with the outbreak of the Spanish-American War, the North Carolina governor called for volunteers and Pruden offered his services.[8]

Pruden had had a long connection with military life before entering the ministry, having graduated from the Suffolk Military Academy of Virginia, and having served in the Pittsylvania Guards, a company of infantry belonging to the Virginia State Militia. On 7 May 1898, Pruden was mustered in as chaplain to the First North Carolina Infantry, and served in that capacity until 22 April 1899. He saw no combat; however, he did accompany his regiment to Cuba during the occupation of the island after the armistice.[9]

Following a brief return to civilian life, in 1901, he was commissioned a chaplain in the Regular Army with the rank of captain and was assigned to the Second Infantry Regiment, with which he would serve for the next 12 years.[10] His commanding officer was Colonel Francis W. Mansfield. In a series of performance reports written between 1904 and 1910, Mansfield gave Pruden high marks for his efficiency and ministry to the men of the regiment. He was, Mansfield wrote, "an aggressive and energetic man doing much good work among the soldiers"[11] In 1913, Pruden, now a major, was assigned to the Coast Artillery Corps and was stationed at Fort Monroe. It was here that the outbreak of the World War I would find him.[12]

Pruden's influence among the small group of men who comprised the chaplaincy had grown in the decade prior to entry into World War I. In 1908, he was successful in developing a special investigative process, adopted by the Army, to screen prospective chaplain candidates. This procedure made use of confidential correspondence with the officials of churches in which the chaplain candidates had served. Pruden felt that this method would "ascertain the standing of the applicants, their temperament, ability to work peaceably and harmoniously with others, [and] their habits and characters."[13]

In 1909, he initiated and then served as part of a six-member chaplain committee meeting at Fort Leavenworth, Kansas, which recommended 12 proposals for a more effective chaplaincy to the War Department. This committee was the genesis of what later would become the Board of Chaplains. Of the 12 recommendations proposed to the Chief of Staff, six were approved (two were postponed, including an increase in the number of chaplains). Pruden was disappointed that four of the board's proposals were disapproved, especially one which would change the uniform of chaplains to conform more nearly to that of other officers.[14] This was an issue upon

[8]Pruden Biographical File, Archives, United States Army Chaplain Center and School, Fort Monmouth, NJ.

[9]*Ibid.*

[10]*Ibid.*

[11]*Ibid.*

[12]*Ibid.*

[13]Stover, 149.

[14]*Ibid.*, 154–55

which Pruden had strong views, and for which he would later again do battle. Earl F. Stover has written that "everything considered ... the board—which was his [Pruden's] idea—received a sympathetic hearing in the War Department and affected some significant changes in behalf of the chaplaincy."[15]

With the entrance of the United States into World War I, the nation was immediately faced with the necessity of building up its small army to a size not seen since the Civil War. This expansion included a large increase in the number of the chaplains. When war was declared, there were 74 chaplains in the Regular Army and 72 in the National Guard.[16] The central problem faced by the Army was how to train large numbers of priests, ministers and rabbis from diverse backgrounds and with little or no military experience. The answer was the Chaplain School.

The next problem to be solved was how this new school was to be structured. In fall 1917, the General Committee on Army and Navy Chaplains, an agency which reviewed applications, presented a plan to the War Department for the establishment of a training school for chaplain candidates. The War Department approved this initiative and turned it over to Pruden to develop. A second plan was submitted to the General Committee by a consortium of four seminaries in the Boston-Cambridge, Massachusetts area to train chaplain candidates in a civilian context, emphasizing the spiritual mission of the chaplain. Pruden's plan called for an Army-operated school at fort Monroe, and a curriculum which would introduce the new chaplain to military life. The General Committee accepted Pruden's plan and recommended its adoption by the War Department.[17]

On 9 February 1918, Secretary of War Newton D. Baker approved, with only a few minor changes, Pruden's design for a school. Pruden was appointed as the schools' first commandant. As organized by him, the school began a five-week-long curriculum which included courses in international and military law, first aid, drill, rules of land warfare and equitation.[18] Stover describes a typical school day during World War I:

> [It began] with setting-up exercises, followed by breakfast; then one hour of drill and three hours of classes; in the afternoon, after lunch, one hour of equitation and three hours of lectures and conferences; and after supper, two hours of study.[19]

During the school's operation, 1,696 clergymen were authorized to attend. Of these, 1,315 reported, and 915 were graduated, commissioned and assigned to duty. Another 127 were graduated, but failed to see active duty because they did not complete the course until after the Armistice. The school completed its first session at Fort Monroe. However, in March 1918, it was moved to Camp Zachary Taylor, Kentucky where it remained until it was deactivated in January 1919. Pruden, unhappily, did not see his creation

[15]*Ibid.*, 156.
[16]*Ibid.*, 188.
[17]*Ibid.*, 215.
[18]*Ibid.*, 216.
[19]*Ibid.*

through to the end, having been replaced as commandant two days before the Armistice.[20]

In a very real sense, it was the same determination that had motivated Pruden in his drive to professionalize the chaplaincy and to make it an integral part of the Army, which also led to his downfall. In 1914, it was Pruden who was largely responsible for convincing the War Department to allow chaplains to wear the insignia of grade on their uniforms. Prior to that, chaplains, although commissioned as officers, were not authorized to wear a grade insignia, only "shoulder straps with a plain Latin cross of silver in the center."[21]

In May 1918, the War Department reversed its 1914 regulation and ordered Army chaplains to remove the insignia of grade from their uniforms and relocate the silver Latin Cross from the collar back to the shoulder strap. The change came about because of General John Pershing's strongly held view that chaplains should not wear grade insignia.[22]

Pruden objected strenuously to this reversal of policy. In September 1918, while still commandant, he convened the students at an assembly and strongly suggested that they write their senators and congressmen, as well as newspapers, and publicly protest this change. As a result, Pruden was relieved of his post and reassigned. The limitation on chaplains wearing insignia of rank would last until 1926.[23]

Pruden may have gone too far in opposing Army policy, but in his defense, it can be said that he fought for an important principle; the recognition of the chaplain as a full Army member. His act of insubordination undoubtedly lost him any chance he had to become the Chief of Chaplains.

The institution he created and then guided through its early stages did survive, although it experienced many vicissitudes through the years. Reestablished in 1920 at Camp Grant, Illinois the Chaplain School began peacetime training. Budget and personnel cutbacks forced its suspension in 1928. It was reactivated in 1942 and has been in continuous operation ever since. During the 70 years since its creation, it has been located at 15 posts, a fact that has led more than one chaplain to jest that the school ought to be equipped with wheels.[24] Nevertheless, the Chaplain School, which has trained thousands, remains a memorial, not only to Pruden, but to that era when the United States Army Chaplaincy can truly be said to have become a professional branch of the Army.

[20]*Ibid.*

[21]*Ibid.*, 204.

[22]*Ibid.*, 205.

[23]*Ibid.*, 205–06.

[24]Rodger R. Venzke, *Confidence In Battle, Inspiration In Peace: The United States Army Chaplaincy, 1945–1975* (Washington, D.C.: Office of the Chief of Chaplains, 1977), 120.

Servant Of The Servants Of God: The Role Of The Chaplain's Assistant In World War II.

Mark B. Howard

W. Ralph Lufkin, chaplain's assistant, stood in a dark alley in Spa, Belgium, at the wrong end of a German Luger. The man at the other end was wearing an American uniform and spoke good English, but was definitely not an American. The time was May of 1945, the allies were rolling through Germany, the war in the West was almost over and Ralph Lufkin was preparing to die.[1] How did a young man from New York who had entered college to be trained for the ministry in 1940 come to be in Spa in a dark alley at the end of a German gun in 1945? The story is certainly a complex one, but one that should be told.

W. Ralph Lufkin, or "Ralph", as he signed his letters in a large scrawl, was one of a select number of men who had volunteered to serve as assistants to the Chaplain Corps of the United States Army. The ideal chaplain's assistant, according to the Army's view, was a clerk-typist, preferably with musical training.[2] Ralph's experience varied considerably from the ideal. In reality, the chaplain's assistant appears to have been a chameleon of sorts. He had to change jobs according to the needs of the chaplain he assisted and the men he served. It was a calling that required courage, determination and stamina. Since precious little has been written about the life and experiences of chaplain's assistants in WWII, this article stems, in part, from a desire to rectify this injustice. By bringing to light the important and

[1]*The Lufkin Papers,* Article entitled "Lest I Forget", May 14, 1945, Library of the University of Tennessee, Special Collections, World War II Veterans Project, Knoxville, Tennessee.

Lufkin, Rev. W.R., "Taped Interviews", By Mark B. Howard, Sept. and Oct., 1987, Library of the University of Tennessee, Special Collections, World War II Veterans Project, Knoxville, Tennessee.

[2]Gushwa, Robert L., *The Best and Worst of Times, the United States Army Chaplaincy, 1920–1945* (Washington: Office of the Chief of Chaplains, 1977), p. 177.

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sometimes dangerous role played in the war by one chaplain's assistant, it is possible to demonstrate the work and determination of the men who served as the servants of God.

In the fall of 1941, Ralph Lufkin enrolled for his second year at Sterling College in Kansas.[3] At the age of 27 he was older than most at Sterling, but he was also a man with a purpose. Ralph had thoughts of entering the ministry upon completion of his school work, but that was a goal many years down the road. To be ordained as a Presbyterian, he would have to complete four years of college and then another three years in theological seminary. He still had six years to go. On October 17, 1941, Ralph's plans changed. It was on that day that he received a notice that his services would be required by Uncle Sam. Ten days later Ralph was on his way to Ft. Leavenworth, Kansas, to be inducted into the military and from there to Camp Wallace, Texas. He had full assurance from the Army that he would be back at college to pursue his goal after completing ninety days of basic training. On December 7, 1941, the Japanese bombed Pearl Harbor and Ralph, along with many Americans, was forced to postpone college for the duration of the war.[4]

It was during basic training at Camp Wallace that Ralph became a chaplain's assistant. Before WWII chaplains' assistants were a rare commodity. They were procured by a selection process generally known as ''body snatching''.[5] Using this procedure a chaplain, if he were fortunate enough to have an understanding commanding officer, would search out a bright young man to assist him, then prevail on the commanding officer to assign the recruit to the chaplain. Even this limited arrangement was often not possible. Many commanding officers were not sympathetic to the duties of chaplains and assigned them misfits, troublemakers or no assistant whatsoever. Often the chaplains themselves became no more than personal errand boys for the commander and were assigned tasks that kept them from their proper duty, ministering to the men. By the start of WWII, most of the abuses of the previous system had been brought under control. This was in large measure due to the establishment of a Chief of Chaplains whose first duty was to see that chaplains were allowed to do their job.[6] By the time Ralph entered the Army, chaplains' assistants were recruited and trained by the military and assigned to the chaplain.

In basic training, the recruits had to choose a specialty school along with their general training. Ralph chose to train as a chaplains' assistant because of his desire to enter the ministry after the service. He was accepted into assistants' school even though he did not have any secretarial or musical training, two areas of experience that the Army thought would most benefit the chaplain.[7] The Air Force was particularly proud of its record of recruiting professional musicians as chaplain's assistants. Its training roles list 312

[3]''Interviews''.

[4]Ibid.

[5]Gushwa, p. 73 & 175.

[6]Honeywell, Roy J., *Chaplains of the United States Army,* (Washington: Office of the Chief of Chaplains, Department of the Army, 1958), p. 272.

[7]''Interviews''.

organists, 412 pianists, 570 choristers and 155 vocal soloists.[8] Although Ralph's desire to enter the ministry may have played a role in his acceptance into assistants' school, the major reason can be traced to the need of the military. Navy records show that for the 2775 chaplains who came into the Navy during the war, there were only 696 chaplain's assistants trained to serve them.[9] The Army's record may not have been much better; Ralph was one of only six who volunteered for the duty out of his training class. The primary purpose of the chaplain's assistants' school was to teach the men the skills that the Army thought would make them more useful to the chaplain. While in this two week training course Ralph was trained to do typing, filing, correspondence and of course, the monthly chaplain's report.[10]

After leaving Camp Wallace, Ralph spent a short time at Camp Davis, North Carolina, before receiving assignment to Camp Tyson, Tennessee. He arrived there on Feb. 2, 1942, as a part of the cadre (a group of men and officers who formed the core of a new camp) to train companies to operate barrage balloons. Appropriately titled on occasion "flying spyders", barrage balloons were unmanned dirigibles tethered by a large steel cable which would entangle any enemy planes that tried to fly beneath them. Since barrage balloons had been used successfully in England as a defense against low flying bombers, the Army decided to train companies of men to operate this new defensive weapon in case there was an aerial attack on the United States, particularly near the coast.[11]

It was at Camp Tyson that Ralph was assigned to his first chaplain, Audrey B. Allen, a Southern Baptist. Reverend Allen was one of several chaplains who would pass through Camp Tyson on the way to the front. Because of a shortage of chaplains in battle zones, chaplains in training camps appear to have been transferred to the front in very short order. Ralph found the experience at Camp Tyson very ecumenical. While there he served under a Lutheran chaplain, a Roman Catholic, a Southern Baptist and a chaplain from the Disciples of Christ. Ralph learned that the denominational differences which separate Christians were very small in comparison to the similarity of their faith and worship.[12] It was not at all unusual for a Presbyterian chaplain's assistant to be assigned to a chaplain of another faith. Chaplains and their assistants were expected to be tolerant of the

[8]Honeywell, p. 250.

[9]Drury, Clifford Merrill, *The History of the Chaplain Corps, United States Navy,* Vol. 2: *1939–1949,* (Washington: U.S. Government Printing Office, 1951), p. 67 & 82.

[10]"Interviews";
Gushwa, p. 136;
Honeywell, p. 271.

[11]Smith, Lieut. Col. Bernard L., "Barrage Balloons", *Flying,* February, 1943, pp. 111–3;
"Crew of Ten Handles a London Barrage Balloon", *Scientific American* 163 (July 1940): 8;
"Fleet of Flying Spiders Readied for Army", *Popular Science Magazine,* September, 1941, pp. 70–1.

[12]"Interviews";
"Parsons in Uniform", *Time,* November 23, 1942, p. 106.

beliefs of others and to work together for the good of the men.[13] This arrangement appears to have caused few problems. Ralph would never have a harsh word to say about any of the chaplains he served under.

Chaplain Allen was instrumental in gaining acceptance for the new camp among the local community, many of whom had concerns about a military base opening up in their back yard. He and Ralph, in addition to their duties at the base, established a youth program called the "Soul-villains" which met on Sunday nights at the First Baptist Church of Paris.[14] Over 100 soldiers and civilians participated in this group which travelled through rural Tennessee and Kentucky presenting programs and musicals to different churches. It was on one of these trips with the Soul-villains that Ralph met the young lady who would eventually become his wife. It was also through the influence of the Baptists that Ralph came to be baptized by immersion, having been sprinkled as a young man.

The first task of a chaplain was to minister to the men.[15] Since Camp Tyson was a training camp, many of the men would be out in the field on weekdays. Several times a week, Ralph and the chaplain would load up a jeep and try to track down the units in the field. Ralph found that one of the most effective ways to minister was to become involved in the work of the men. Sometimes this meant taking a twenty mile hike, other times a run through the obstacle course, winching down a barrage balloon or chasing one that had broken its cable. One such errant balloon succeeded in making its way to New York before it finally came to rest. Ralph, in a letter home on November 9, 1942, wrote, "Yes, we did lose a balloon, but I did not expect that it had wandered home. I guess I better volunteer for the retriever squad and come help them find the balloon. Funny isn't it."[16]

A typical day found the chaplain and his assistant up by 5:30, with the men until supper, and then in the office until late at night to be available for counseling. Somewhere in this schedule Ralph found time to type reports, print bulletins, update the files, write articles for the camp newspaper, send out correspondence and, since he was not musically inclined, find someone to play the portable organ that the Army had provided. But even in the midst of all this work and pressure, there were peaceful times. He would write, "... this morning it is warm and very clear. The balloons

[13]"Interviews";
Honeywell, p. 252 & 288;
"Chaplain's Job", *Christian Century* 58 (July 16, 1941): 906–7;
Lowell, C. Stanley, "I Was a Chaplain", *The Christian Century* 61 (June 28, 1944): 774.

[14]"Interviews",
"Churchmen in Uniform", *Time*, March 3, 1941, p. 65.

[15]United States Army, Office of the Adjutant General, *The Chaplain, His Place and Duties*, (Washington: Government Printing Office, 1926), p. 4 & 13;
"Flat Top Chaplain", *Time*, January 4, 1943, p. 68;
Ryan, Rev. Gerald A., "Manpower on the Spiritual Front", *The Ecclesiastical Review* 109 (July 1943): 10;
Honeywell, p. 271;
"Churchmen", p. 63.

[16]*Lufkin Papers*, Letter of Nov. 9, 1942.

look very pretty against the nice blue sky. . . .'' For the moment the war was very far away.[17]

The Sunday morning service was a mainstay of the chaplain's duties. Often the turnout would indicate how successful the chaplain had been with his rounds during the week. The part that the chaplain's assistant played in the worship service varied according to the preference of the chaplain and the church he represented. Ralph usually taught a Bible class and was sometimes asked to fill a pulpit when a chaplain was unable to hold the morning service. Ralph wrote home of one such occurrence in 1942:

> ''About three o'clock Saturday Chaplain Wright called me and asked me to take his morning service. He had to be in Paris (Tennessee) to preach at the same time that his service out here takes place. It was too late to start to write a new sermon so I decided to use one of my old ones. Well, when I got there I found that the congregation consisted of 24 officers and only four enlisted men. For once I got to tell a bunch of officers something without their having a chance to come back at me, and I did not have to say ''Sir'' every other word either. I was pretty nervous though. If I would have known it I would written a sermon on Christian leadership. It would have been very effective.''[18]

Such assistance was not always possible. When Ralph worked with Chaplain Rodgers, a Roman Catholic, he was only able to participate in worship in a limited capacity. He later recalled that there was not as much work under Chaplain Rodgers either, since the Catholics did not use bulletins.

One of the special duties often assigned to the chaplain and his assistant were programs for the holidays. This was a crucial time for the men since many of them were spending Thanksgiving and Christmas away from family and friends for the first time. Ralph even became something of an artist when he designed the program for the Thanksgiving banquet at Camp Tyson held on Nov. 26, 1942. On the front he drew a barrage balloon shaped like a turkey being hauled in by a training crew. Inside was a listing of the menu, roast turkey with celery and sage dressing, cream potatoes, buttered English peas, lettuce and tomato salad and all the other proper trimmings, including both pumpkin and raisin pie. He also included the camp roster which listed ''Lufkin, W. R.'' among 33 other corporals.[19]

By 1944 concern about coastal defense had declined and Camp Tyson was closed down. On May 7, 1944, Ralph was transferred to Camp Livingston in Louisiana, a training ground for chemical warfare and an unlikely place for a chaplain's assistant since there was no chaplain. It appears to be the only time Ralph seriously considered giving up the role of chaplain's assistant. Ralph and the other enlisted men from Camp Tyson, who had more than two years experience, did not get along well with the officers at Camp Livingston, who were recent graduates of officer training school. Ralph, and several others, unhappy with their situation, applied for Officers Candidate School and went away for a three day pass. When they returned in three days, Ralph found he had been transferred to Ft. Swift,

[17]Ibid.

[18]Ibid.

[19]*Lufkin Papers*, Bulletin dated Nov. 26, 1942; *Place and Duties*, p. 18 & 19.

Texas, instead of OCS, and on arrival discovered that Ft. Swift, like Camp Livingston, had no chaplain.[20]

Ralph found a sympathetic commanding officer at Fort Swift. The major in charge was glad to have someone who could lecture on current events, a duty often performed by a chaplain. Since Ralph was not ordained, he could not perform ministerial work without the oversight of a chaplain and so was assigned regular duty as a clerk. Ralph was only at Camp Swift for about a month before being transferred to the 1160th Engineering Group Headquarters at Camp McCain, Mississippi. Ralph was assigned to Chaplain Conner G. Cole at Camp McCain and remained with him through the end of the war. Chaplain Cole and Ralph were transferred with the 1160th Engineering Group to Camp Polk, Louisiana, on the Sabine River. It was here that Ralph was to get a good taste of what life overseas would be like. The 1160th Engineering Group trained for three months on the Sabine River to cross the Rhine in Germany. Chaplain Cole and Ralph were in the field most of the time with the troops. An old faded photo shows Ralph standing in full combat gear beside a small, droopy-looking tent somewhere in the woods of Louisiana. The chaplain's flag waves proudly in the background.[21] On January 5, 1945, Ralph received word that his father had passed away. On January 10 he left Camp Polk for Boston to board a ship, the *Santa Maria,* bound for France. His ultimate destination was the German front.[22]

The cruise across the North Atlantic was rough, the accommodations were crowded. Ralph was pleased to be assigned duty as the ship's librarian on the upper deck. Here he could observe the awesome power of the sea and think. Ralph crossed the English Channel at night, arriving at Le Havre, France, at four o'clock, the morning of January 29, 1945. Here the logistical problems involved in the movement of so many men and machines were apparent. Ralph's group stood for fifteen cold, hungry hours on the upper deck of the ship waiting to disembark. After leaving the ship, they were loaded onto open transports called "cattle cars" by the men and stood for another two hours before the trucks began to move. For seven hours on the coldest winter night in France, Ralph and the others of his unit rode through the frozen countryside standing in the snow in an open truck. Ralph arrived at Camp Lucky Strike at four the next morning only to be unloaded at the wrong location. He and some others dragged their duffel bags through the snow for four hours in the dark before finding the rest of their unit. After warming themselves around a fire made of gasoline in a rock-filled can, they volunteered, or were volunteered, to set up the kitchen and fix breakfast for the rest of the men. Ralph was then assigned to a work detail and after that pulled four hours guard duty before bedding down late that night. Ralph had arrived in Europe.[23]

It was almost a month before Chaplain Cole and Ralph would leave Camp Lucky Strike for the Rhine. Daily activities consisted of digging

[20]"Interviews".

[21]*Lufkin Papers,* Undated picture photocopy.

[22]"Interviews".

[23]*Lufkin Papers,* Undated typewritten letter, "Dear mother and all", (May 1945?).

ditches in the mud to allow for the runoff from the melting snow and scrounging firewood from French farmers to keep warm. Chaplain Cole and Ralph left Camp Lucky Strike in a convoy on Feb. 22, 1945. The convoy stopped the first night at St. Quentin, France and the second at Spa, Belgium. Ralph's own words best tell the story of the arrival at Spa:

> "It was a late afternoon, cold and clear, after two days riding in a rain-splashed jeep, when weary and sore we pulled into ... soldier-filled Spa. There was noise, confusion, and all of the indications that just beyond were the real lines of battle. This was not just another stop on the way up there; this was the *last* stop before you got up there. There were soldiers just back from the front—Infantry men; artillery men; Engineers—the men who had pushed the Nazi hoard from the fortified channel coast across France, across Belgium and even now were breaking doorways in the impenetrable Seigfried line. There were others like ourselves with the fragrance of the States still on our new uniforms and equipment in spite of days aboard ship and weeks in the mud of France. We were green; we were on our way up; we were new. And those battle tired veterans of months of war were human, living pages of battle for us to read with interest; a forecast of things to come to us.
>
> "There was a current in the air that made one tense. These men spoke easily of battle, there was a new interest in the planes overhead, the flash of artillery at night, the excitement in eyes and words, the fluidity of conversation, the friendliness of soldiers, and the hospitality of all. This was the picture of war we have heard about, seen in the movies, read about—and this was our first view of Spa."[24]

Chaplain Cole and Ralph left the next morning, Feb. 25, 1945, for Moresenet Chappelle, near the border between Holland and Germany. Ralph would say that, "... every day after that was not a day, but a month ...".[25]

Ralph and Chaplain Cole settled into new quarters, an abandoned house with no heat, and began to establish a routine. One of their major responsibilities was to minister to the men of the 1160th Engineering Group. On Sunday they would hold services at the group headquarters, then load up a jeep and set out in the field to try to find their assigned units. They spent Monday and Tuesday searching for Allied units between the German border and the Rhine, sleeping and eating with the units when they could find them. Ralph was issued a special ration card that enabled him to pick up snacks and toiletries. He was very fond of candy bars and peanuts. A later card reads, "peanuts xx peanuts xx peanuts x peanuts x" written in a hurried hand. By Wednesday they would be back at group headquarters for services and then hit the road again Thursday through Saturday. During these trips they were two Americans alone in a jeep, the chaplain and his assistant. The roads were always rough, sometimes impassible. They were lost on a number of occasions and could not often tell whether they were in friendly or enemy territory. Even friendly territory was not very friendly. Ralph would write of Germany:

> "There is such a difference here than in the other countries. No friendly greeting from the civilians we meet, and in whose village we stay tonight. No waving children line the roads or gather curiously about us as we work. No, this is Germany; these are our enemies."[26]

[24]*Lufkin Papers,* Undated article entitled "Spa".
[25]*Lufkin Papers,* "Dear mother ...".
[26]*Lufkin Papers,* Letter of March 9, 1945.

The Geneva convention classified chaplains as non-combatants[27], so on these trips Ralph became a bodyguard as well as driver for the chaplain. The clerk-typist carried a machine gun.

Field services were very meaningful for Ralph. Sometimes they would be held in a building other times in a bunker, often in the open air. In these field services the chaplain always administered the sacrament of communion, never knowing whether or not he would ever see the men again.[28] One of the big problems in the field was the procurement of grape juice or sacramental wine. Juice was only available in five gallon cans which promptly spoiled when opened. Many a chaplain opened a shipment of sacramental wine only to find that the contents had disappeared during shipment. One chaplain even suggested marking all wine shipments "explosive".[29] Ralph, who was in charge of obtaining supplies, found procurring wine locally the best solution to the dilemma.

Chaplains always tried to travel light in the field, in spite of the Army's expectations. In WWI the sole item of issue for the field chaplain had been the chaplain's flag.[30] By 1923 the Army had added a field desk, a portable typewriter, a folding organ (weighing 50 pounds), and 300 song books with book chests.[31] The government even developed a traveling church in 1943 built on a quarter-ton trailer. It is possibly after viewing one such apparatus that a chaplain's assistant was moved to remark, "Sir, didn't Jesus travel lighter than this"?[32] Fortunately, the traveling church seems to have died an early death. Early in the war mass kits and communion sets had to be procurred in the best way possible, later the military assumed responsibility for providing this essential item.[33] Chaplain Cole and Ralph even had a Bell and Howell movie projector, it was usually left at headquarters along with the portable organ.[34]

On these trips to the field Ralph was amazed at the destruction caused by the war. As they passed whole cities that had been levelled and entered others with debris piled as high as twenty feet high on either side of the street, words failed him. He wrote in a letter home that, "... someday I will try to tell you some of it, but that will be very inadequate".[35] He was never able to forget that there was a war going on around him. In Mannheim, Germany, he would write:

> "... the v-bombs were going over so damned low they would shake the house. Artillery fire was terrific. And there were always night bombings at Cologne—Bonn—and along the river. One night I slept near Cologne close enough to the Rhine to hear the rifle fire on river and to see the German flares as they kept it lighted to determine if we were crossing in the night."[36]

[27]Honeywell, p. 253.
[28]"Interviews".
[29]Honeywell, p. 258.
[30]Ibid., p. 254; "Churchmen", p. 63
[31]Honeywell, p. 255; *Place and Duties*, p. 11.
[32]Honeywell, p. 257; "Churchmen", p. 63.
[33]Honeywell, p. 254.
[34]"Interviews".
[35]*Lufkin Papers*, Letter of March 9, 1945.
[36]*Lufkin Papers*, "Lest I Forget", May 14, 1945.

After returning from the field one day, Chaplain Cole and Ralph were called into Engineering Group headquarters and told that the Ramagen bridge had been taken and they were being transferred across the Rhine with the forward units. It certainly must have been with mixed emotions that the chaplain and his assistant packed their bags and loaded equipment into their jeep. Just before they were to leave they were again called to headquarters and told that instead of going across the Rhine they were to return to Spa and help to set up a rest area for First Army troops. They were initially assigned to Spa for only ten days. As the war marched on the days turned into weeks and then months.

At Spa, Chaplain Cole and Ralph found that the recreation center had at its disposal ten hotels and the second largest casino in the world. The purpose of the recreation center was to provide a three day rest area for the front line troops of First Army. They would come in groups of about three hundred on Monday and Thursday for rest and recuperation and then return to the front.[37] On Sundays the chaplain would hold services for the cadre in a chapel, called "Chapel of the Holy Grail", which he and Ralph had helped construct in the casino and then would spend the rest of the week visiting units stationed nearby or counseling with the men. Ralph was often in charge of entertaining the men and would organize field trips to local attractions, sometimes visiting caverns, at others the ruins of old castles. One of the Ralph's most important duties was to drive the men on leave to visit cemetaries where friends or relatives might be buried. It was not unusual to find him driving 400 miles a day on these trips.[38] He became well acquainted with many cemetaries in Belgium, France and Holland. It was the cemetary at Henri-Chapelle between Liege, Belgium, and Aachen, Germany, which seems to have made the greatest impression on him. This cemetary covers 57 acres and at the time Ralph visited was the final resting place of over twenty-thousand allied soldiers, all of whom had been killed since the opening of the cemetary in September of 1944. It was probably after one of his first visits to such a cemetary that Ralph was moved to comment on the row upon row of white crosses he had seen:

> "Here one really senses the value of time, the worth of life, the preciousness of the individual, and the sweat, toil and cost of war. May the world somehow catch the vision of that cost and be faithful to the sacrifice made. One visit to the resting place of those who gave their lives for the victory which shall be ours should suffice—but the world sees the glory of heroes not the resting place of the ones who do not return."[39]

At Spa, Ralph seems to have found a home away from home. His letters from here are filled with thoughts of personal matters and the welfare of his family in New York. He was continually amazed at his good fortune in being able to spend part of the war in the luxurious hotels of Spa. In his first letter from there on March 21, 1945, he would write:

> "It is like a dream. I have a room to myself in large hotel, and eat in a huge, beautiful dining room. The tables have cloths and are waited on by Belgian girls. The beds have sheets and the girls likewise make the beds."[40]

[37] "Interviews".

[38] *Lufkin Papers,* "Les I Forget", April 11, 1945; *Place and Duties,* p. 28–32.

[39] *Lufkin Papers,* Letter of March 9, 1945; See also "Lest I Forget", May 9, 1945.

[40] *Lufkin Papers,* V Mail letters, pg. 2, March 21, 1945.

On another occasion he writes of lying on his soft bed in pajamas, drinking cokes from fine German crystal.[41] Once he even took a countess for a ride in his jeep.[42] Even when in his office in the casino, Ralph had cause for reflection. His desk was not ten feet from the spot where he had slept on the floor on his way to the front.[43]

The relationships Ralph formed with the men on leave at Spa were very fulfilling. He spoke on occasion of giving tours to the men of the various facilities available and had many opportunities to counsel with soldiers. The chaplain, although not normally recognized by rank, was an officer and as such took his meals and lodging in the officers' quarters. The chaplain's assistant was an enlisted man and ate and slept with the troops. Many enlisted men viewed the chaplain's assistant as one of their own and so found their way to his door with their problems and difficulties.[44]

It was friendship that almost cost Ralph Lufkin his life. After delivering a package to some friends one night in early May, Ralph came out of an alley and ran into the man with the German gun. Ralph had heard a report of some escaped German prisoners in the area. This was undoubtedly one of them. The man forced Ralph back into the alley and seemed uncertain about what he wanted. First, he appeared to want to use Ralph as a target. After what seemed like an eternity, he decided that Ralph's uniform and money might be useful. Suddenly there as a noise at the other end of the alley. The man with the gun, concerned about the noise, told Ralph he could go and went to investigate. As Ralph neared the end of the alley, the man changed his mind and ordered him to return. Ralph made a break for his life and did not look back. The man did not follow him. Ralph was to learn later that some Germans had been captured in Spa that night, but he was never able to find out for certain if his friend in the alley had been one of them. Ralph was so moved by the experience that he spent the next day writing an eight page typed monologue about the perceptions of a man who knew that he was going to die. Ralph felt that he had very nearly come to be a dead chaplain's assistant.[45]

Ralph spent the rest of the war at Spa. On paper, he and Chaplain Cole were transferred quite frequently, once even to an island in the South Pacific, but in reality they never left Spa. The war in the West ended in May; the war in the East ended in August; and Ralph was still in Belgium. It was in this period that he was able to make friends with some of the local civilians. He spent his free time swimming in the lake or hiking in the mountains. Sometimes he and the chaplain were invited to dine with the local families. In mid-August Ralph received word that Chaplain Cole had

[41]*Lufkin Papers,* "Lest I Forget", April 11, 1945.

[42]Ibid.

[43]*Lufkin Papers,* Letter of May 11, 1945; "Interviews".

[44]"Interviews"; *Place and Duties,* p. 4;
Gushwa, p. 132 & 133; "Flat Top", p. 68; "I Was a Chaplain", p. 773.

[45]Reconstruction of the encounter with the German soldier is based on a combination of the *Lufkin Papers,* "Lest I Forget", May 14, 1945, and the "Interviews". The monologue mentioned in the text (Incendiary, May, 1945) has not been used as a source of information since its basis appears to be an encounter in the field, rather than the alley in Spa.

been transferred but he was to stay behind. For the last fifteen months they had been constant companions, even friends, now their ways parted.

Ralph was transferred to the Adjutant Generals' Office in Bad Windungen, Germany, at the end of August.[46] Here he processed final grade increases for soldiers who were on their way home. But there was no promotion for Ralph. He had known when he signed on as a chaplain's assistant that the pay and rank of a corporal was as high as he would advance while in the service. While Chaplain Cole advanced from 1st Lieutenant to Captain to Major in the fifteen months Ralph was with him, a great improvement over WWI when not a single chaplain received a rank increase[47], Ralph was never promoted after leaving Camp Tyson. Such was the dedication of many of those who chose to be the servants of the servants of God.

Ralph's thoughts now began to turn the goal that he had abandoned when his government called. While at the Adjutant General's Office, Ralph applied for a discharge overseas so that he might be able to attend college in England. Unfortunately, his orders to return to the States came through before his request to stay in Europe was approved. Ralph was loaded on a troop train and shipped to Camp Chicago in Northern France. He wrote on November 28 that he had expected to sail out through LeHarve and be home in time for Christmas but that was not to be. On December second Ralph boarded another troop train and rode to Marseilles, France on the Mediterranean coast. After another delay he finally boarded a troop ship bound for home, arriving in Hampton Roads, Virginia the day after Christmas.[48]

Ralph wasted no time in pursuing his goal to be a minister. He enrolled in a Presbyterian college in Pennsylvania and completed three years work in two years by going to summer school. He later married and then completed his theological training at Pittsburgh-Xenia Theological Seminary. On March 9, 1951 he was ordained as a Presbyterian minister, Ralph had become Reverend Lufkin.

From the life of Ralph Lufkin, one can draw a number of conclusions about the role of the chaplain's assistant in WWII. First, chaplain's assistants had to be men of extraordinary versatility. They were called to fill a multitude of roles, sometimes simultaneously. In the words of the apostle Paul, they "... became all things to all men".[49] The chaplain's assistant had to be a tireless worker. The chaplain was on call 24 hours a day, his assistant often worked no less. Finally, the chaplain's assistant had to be extremely dedicated. He was frozen in rank, constantly on the move and usually overworked. The only glory he received was the satisfaction he gained from helping the chaplain and his fellow soldiers.

Certainly there is another story to be told. Ralph knew of chaplains who did not get along with their assistants or their men. He heard of chaplains who broke down in the heat of battle. But these were not his experiences, they were the experiences of others. Even after a long and productive

[46]*Lufkin Papers,* V Mail letters, pg. 5, partial transfer list; "Interviews".
[47]*Lufkin Papers,* Letter of June 4, 1945; Gushwa, p. 7.
[48]"Interviews".
[49]I Corinthians 9:22, New American Standard Version.

ministry, Rev. Lufkin could say that serving as a chaplain's assistant was the most rewarding experience of his life.[50] Probably many other servants of the servants of God would say the same.

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[50] "Interviews".

Facing the Inevitable: Combined Arms and Services Staff School (CAS^3) and the Army Chaplaincy

Harvey R. Brown, Jr.

My father had a saying, certainly not original with him, that there are two things in this world that are certain—death and taxes. If I were to appropriate that saying for chaplains who entered active duty after 1979, I would have to expand the list to include Combined Arms and Services Staff School (CAS^3).

Current training strategy for the Army incorporates CAS^3 as the important next step for officer training beyond the advanced course level. The focus of this training is the development of standardized staff skills and procedures.

Chaplains are probably unique among all branches in that no matter where they serve, they will always be staff officers. To insure that we have the necessary skills to be effective members of staffs, the Chief of Chaplains has determined that chaplains will be full participants in CAS^3. Attendance is now mandatory for chaplains within two years of completion of the Chaplain Officer Advanced Course.

All chaplains, both senior supervisors and those yet to attend, could be well served by a better understanding of CAS^3. The purpose of this article is to provide some branch-interpreted information on how we have performed in CAS^3 in the past, what will be expected of attendees in the future, the role of a chaplain student, and some practical considerations for CAS^3 attendees.

Chairborne Ranger School

CAS^3 is sometimes referred to as Staff Ranger School. It is nine grueling

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weeks—an intensive small group learning experience where officers from different branches are thrown together into a sea of staff work to learn critical staff survival skills. They are immersed into, what is for most, a new and strange world of quantitative skills, systematic decision making processes, and planning procedures.

The four stated goals of CAS^3 training are:

1) Improved ability to analyze and solve military problems.
2) Improved communicative skills.
3) Improved ability to interact and coordinate as member of a staff.
4) Improved understanding of Army organization, operations, and procedures.

In order to accomplish these goals, students are taught in groups of twelve by a lieutenant colonel staff leader (frequently just out of battalion command). In such a context, each student's strengths and weaknesses can be accurately assessed. There is no place to hide in a group of twelve.

"What has happened with CAS^3 is that the course was designed to cause maximum participation (individually and as a member of a small group) under the tutelage/mentorship of an experienced, successful officer."[1]

The staff group develops its own internal staff roles based on the staff leader's personality and goals. Work flow, daily life in the group (and sometimes out of it), management of personnel issues, and other related tasks are then managed by or through the students. Staff roles are not necessarily assigned based upon the person's branch or experience. On the contrary, the roles may be assigned *because of lack of experience* in order to stretch the officer and provide the necessity of dealing with problems or procedures that are not a normal part of that officer's background. Because of seniority in rank, most chaplains are assigned the role of group Executive Officer.

Curriculum

The curriculum builds significantly on the Phase I correspondence studies. Chaplains can use Phase I to gain basic understanding in areas with which they have little familiarity. It is important to master the Phase I materials before arrival at Fort Leavenworth, because there is no available time to play "catch-up" during the resident phase.

During the first two weeks, officers work on individual assignments to master the basics of problem solving, Army writing, decision making, and quantitative skills. Evaluation is performance oriented, and the mystical "REDO" hangs over each assignment like a Damocles' sword. My roommate may hold the record for "REDOs" on a single assignment—his fifth rendition of the nonmilitary letter was the charm.

After the first two weeks, assignments then become group projects. Sub-groups of three or four students each tackle tasks related to the daily

[1]Robert H. Foreman, "Small Group Instruction Beyond CAS^3," Military Review, (October 1988), p. 77.

kinds of issues that staffs face. The learnings culminate in a week-long exercise. The staff group assumes the role of either a brigade or division staff performing normal functions from mobilization through deployment and engagement in a European or low intensity conflict.

Taking it From the Top

During my resident phase of CAS^3 (which ended in October 1988) I interviewed Colonel Creighton W. Abrams, Jr., Director of the Combined Arms and Services Staff School, U.S. Army Command and General Staff College. Recently selected for promotion to Brigadier General, he is an outspoken advocate of the CAS^3 training approach and a strong supporter of the special branch presence in the course. During his tenure at CAS^3, he has served as a staff leader as well as Director.

Colonel Abrams stressed to me that he was concerned that people might put more weight than they should on what he had to say. "I don't think that when you're talking to the director of CAS^3 (on how all chaplains do in the course), you're necessarily talking to the expert.... CAS^3 is a lot like Viet Nam was—there are little pieces of the action all over the place."

In the past he had a perception that chaplains weren't doing too well—that their work habits were slightly below those of other branches. He wanted to know for sure what was going on, so in preparation for the interview, Colonel Abrams tasked his committee chiefs to provide input to him on how chaplains were doing. The fifteen pages of responses, along with the interview, provide a fairly comprehensive picture of chaplains and their performance in CAS^3

The overall image that emerges is one of chaplains performing at an average level. Some comments from the responses of staff leaders are insightful.

- I've had good chaplains ... participated in everything and did well, and others that did not do so well. They are like other captains—some good, some bad, some ugly.
- I've had two—one performed well, the other poorly; ***neither wanted to be here*** (emphasis mine).
- Do extremely well at briefing—relaxed and poised.
- Perform better overall than Army Nurses/Medical Service Corps.
- Knowledge of staff and command functions very weak. I believe chaplains for the most part have never had to know anything except their chaplain duties.
- In general, they work hard to learn and function as productive staff group members.
- Because of seniority are frequently XOs of their groups. Some welcome the opportunity for leadership, others simply let the informal leader emerge and take over. Those in the second group normally find many excuses as to why they cannot do the job properly. They hide behind their branch and use it as an excuse.
- Everything is more difficult for them because of lack of background knowledge of tactics, training, logistics, etc. Must there-

fore work harder than most other officers. Unless they have strong characters, they become slide makers and changers.

- On the "up side" are maturity, interpersonal communications, and ability to sense problems in the group. On the "down side" are lack of knowledge of the Army overall, poor writing skills, and poor quantitative skills. "Weak" chaplains lack motivation and desire to do their share of the work.
- I've had one chaplain in my seven groups. Outstanding officer in every sense of the word—he'd be an outstanding asset to any staff in any position.

An Interview with COL Creighton W. Abrams, Jr.

MCR: How do you think CAS^3 is important to chaplains as a special branch?

ABRAMS: There are several reasons why it is important. One is that chaplains almost always have to function as members of a staff, no matter that they sometimes might think that their chief responsibility is ministry. The fact is that ministering to a specific population (soldiers and families of soldiers) requires being in coordination with the goals and aspirations of that organization. I would also say that the chaplains that I have seen who saw themselves as ministers as well as staff officers were far more effective than the ones who saw themselves only as ministers.

MCR: Much more effective in fulfilling the ministry side of that equation?

ABRAMS: Both sides. In one sense, I see chaplains as people specialists. I often sought the advice of whatever chaplain worked for me on my staff. When you need insights concerning people, chaplains are a great source of advice and occasionally I would have the chaplain involved in solving people problems because of his unique perspective. As a staff officer, a chaplain has to be good at what CAS^3 claims to teach captains—problem-solving, communicating, coordinating as a member of a staff, and understanding more about the Army. The second reason I think CAS^3 is good for chaplains is that CAS^3 is really *the* course in the Army today that allows almost all officers, not just chaplains, an opportunity to spend nine weeks with other branches. You probably learn more about each other in those nine weeks with that staff group than as a member of some staff somewhere—whether in a [illegible]de or battalion. That all-branch interface is particularly invaluable for chaplains because very few get invited to CGSOC or the War College. The intent of CAS^3 is to broaden your horizon in terms of what the Army is all about. The third reason why I think it is useful for chaplains to come to CAS^3 is that it is a good opportunity to take a look at our doctrine and our procedures in the Army. I am really talking about understanding AirLand battle doctrine and listening to what Infantry, Armor, Artillery, Engineer, and Military Intelligence Officers argue and talk about—and even participate in those discussions on how to solve battlefield problems. Now I would put that kind of stuff in the category of art appreciation. It is not an

absolute requirement, but it is extremely useful in terms of functioning as a minister and as a member of a staff if you understand better how an Army runs. The fourth reason why chaplains can benefit from CAS^3 is that I think we are good at assessment; at telling people "These are your strengths and weaknesses; these are the things you can work on." CAS^3 is a good opportunity to do some hard looking at yourself. If you are a smoker, we are going to encourage you to quit smoking. We are going to put you on a diet if you are overweight. We are going to make you do more exercising than you are used to doing. Whole-person fitness is good for chaplains. We value every captain that comes here and I am not sure whether chaplains always get that kind of feeling in an organization. I don't think there is any doubt in any chaplain's mind, whether he is a great performer in CAS^3, or whether he is not so great, that we value each and every one of them and we want them to get better. I think that is a very good experience for a chaplain to have. The fifth reason why I think it is useful is that the rest of the Army needs to see chaplains in a slightly different mode than as the minister, the one who is going to preach to them on Sunday and solve particular kinds of personal or family problems during the week. Chaplains don't have to forget their ministry while they are students in CAS^3. I would argue that the example that they set as a Christian, or as a Jew, their simple conduct and the way they talk about things will give other officers a much better appreciation of what chaplains are all about. They don't need to preach to a staff group or give sermons or anything like that, but by their being here they are an excellent reminder. I think it is important for other officers from other branches to feel, touch, and get to know chaplains.

MCR: What strengths do you think chaplains bring to CAS^3 as individuals (or as a branch) that may be either unique to them or particularly helpful to the development of the total Army concept?

ABRAMS: Chaplains usually have a better understanding of people than most branches; they normally are very useful in group dynamics; not standoffish or afraid to get involved because of their own perceived lack of background in Army operations and procedures. If they get involved in that staff, they can be of great value in all of the group dynamics that are going on. They are usually better communicators. Then there is the spiritual side. The sheer fact that they are there, the example of their lives, and the way they conduct themselves and express themselves are good reminders of the spiritual dimension of life.

MCR: What weaknesses have you seen among chaplains that you perceive to be a detriment in CAS^3?

ABRAMS: I would categorize it as your other—worldliness or marching to a different drummer. Some chaplains seem to think that their ministry is the only thing that is important and that somehow the Army needs to bend all of its idiosyncratic habits and rules and regulations to the chaplain's way of doing things. If a chaplain comes here with that attitude, it could be devas-

tating. The staff group won't stand for it. The group is under a lot of pressure to get a lot of things done. A chaplain who comes in keeping everyone at arm's length and not wanting to help out in solving problems and putting briefings together will be a real problem for the group. Not only will he get a lot of negative vibes, but the staff group is going to remember. And for them, that one chaplain *is* the Chaplaincy of the U.S. Army. They are not going to see many chaplains "up close and personal." For better or for worse, they are carrying the burden of their branch. There are fewer chaplains, so they count even more. The second thing is that they come with less background in military matters than their peers. The third thing they bring as a liability is a tendency toward long-windedness, but I don't think that is a big problem. The other negative that chaplains bring with them is the perception that they are compelled to come here, and they feel that they are being made to do something like drink castor oil. That only hurts you. I remember the expression "You can't control people, places, and things; what you can control the most is your own attitude." Now that CAS^3 is mandatory for all of the non-specialty branches, there are other captains who come here kicking and screaming. But chaplains in particular feel that they are somewhat put upon.

MCR: If you, as a leader and a trainer, could send a message to the Chaplain Corps reference CAS^3, what would it be?

ABRAMS: Twofold. First it's a great opportunity for all of the five reasons I have given before about why chaplains benefit from CAS^3. The other message I would say is that we need chaplains in CAS^3 because we need chaplains in the Army. We need them functioning both as ministers, and as staff officers. We need every branch here, but we really need chaplains. The more we get, the happier we are. Sure, we standardized staff skills throughout the Army, and I guess it kind of makes everybody a better writer, preacher, briefer, etc., but you have all those great dynamics and the chance for people to see chaplains in a slightly different mode. It's also the chance for chaplains to see what the big Army is all about. Great chemistry here! That's the message.

Role of the Chaplain

In light of my own experience in CAS^3, as well as the interview with Colonel Abrams, I see four specific roles that the chaplain student fulfills—educator, staff member, chaplain, and standard bearer.

The first role is that of educator. The chaplain student is the first-line teacher of who and what a chaplain is. On a daily basis, eleven Army captains learn from the chaplain what we're all about. But there is an additional teaching role. Information briefings in the early stages of the course can be designed to introduce functions and roles of the chaplain on the AirLand battlefield. Forward thrust doctrine, UMT far forward in the battle area, care of battle fatigue casualties, and a score of other topics of real concern to the success of the Army's mission can be briefed or written about. Creativity

and a willingness to negotiate assignments with the staff leader can yield some very positive opportunities for interpreting the chaplaincy to your peers.

I had taken with me to CAS[3] a dozen copies of RB1–1, Unit Ministry Team (UMT) Handbook. Just when my group was being overwhelmed by format problems for staff studies, I offered this handy reference book as an aid for document preparation. Not only did my stock go up with the group, but I knew I had made a lasting impact when one of the resident airborne/ranger/infantrymen started carrying it in the same pocket as his smokeless tobacco. He had discovered that chaplains really do have some good stuff—even soldier stuff—to offer.

Staff Member

As a staff member, the chaplain will assume the role that he is assigned. For most, it will be group Executive Officer. My group leader introduced himself to me the first day and said "You're my XO. That means you're in charge." He meant it.

Every requirement was passed to me to task out to the group. If there were to be four briefings the next day, he would tell me the topics and I would have to assign them. That meant that on that particular night at least four of eleven students muttered invectives about the chaplain rather than offering prayers for him. But it also meant that I had to practice daily making sometimes unpopular decisions that effected other people.

This is excellent training that I liken to no-fault auto insurance. I might crash the vehicle every now and then, but at the end of nine weeks I could walk away from any learning mistakes without having to carry any permanent additional cost to my policy. If I did not "operate" the role correctly, I could at least learn from it without wrecking my real job. And I would not have my license (to preach) revoked.

One very obvious observation is needed. Every group member is aware when other group members don't pull their fair share. The resentment is sometimes expressed in biting humor to other members, sometimes in exclusion from group processes. But I believe that chaplains may just have to work harder to compensate for some of the military knowledge they lack. And the excuse "I'm just a chaplain" just won't wash.

Chaplain and Standard Bearer

A CAS[3] chaplain student has no specifically assigned ministry role. But if a chaplain "walks the walk, and talks the talk," it probably won't be long until a fellow student begins to open up and let the chaplain provide ministry. This can come without being preachy in the group—and may well come because you are not. The genuine concern that you hold for your peers will come through very clearly in your day-to-day contacts with them.

Another part of "walking the walk" involves upholding the highest possible standards. The phrase "standard bearer" itself is an historical mili-

tary term that alludes to the one who is followed in the battle. The standard bearer always led—he showed the troops the way to go.

At CAS^3 chaplains have the opportunity to lead the way in effort. Although we may not have the greatest volume of military knowledge, we certainly can expend great effort in acquiring more.

But lest we be consumed with all this talk about "green-suiters" and military skills, the chaplain student needs to remember who he is and to Whom he belongs. I get fed up with war stories about mythical chaplains who could out-drink, and out-cuss the other guy. These may be apocryphal stories designed as distancing mechanisms for those who feel threatened by a chaplain's presence, but a nine week TDY is no place to plant seeds that one day might germinate into such a story.

We must indeed carry the standard for moral and ethical behavior. Compromise has no place in the CAS^3 chaplain's vocabulary. I was reminded of this as I toured the United States Disciplinary Barracks at Fort Leavenworth. Compromise was a co-conspirator in every crime represented there.

Need to Know, Ought to Know, Nice to Know

There are practical considerations that fall into the categories of need to know, ought to know, and nice to know.

Need to know:

- CAS^3 is inevitable. If you're in the Army, entered after 1979 and intend to stay, and have not yet attended, CAS^3 is in your future.
- Ignorance is no excuse. Neither is stupidity. You can't help what you don't know yet, but choosing to remain ignorant and not taking advantage of CAS^3 when the Army is paying big bucks to train you is just plain stupid.
- God is watching you. So are other people. That means you have a terrific opportunity to let your little chaplain light shine.

Ought to know:

- Fort Leavenworth chaplains are great supporters. One of the best experiences I had was when, right after a briefing exploded in my face, Chaplain Jim Greaser, the CAS^3 chaplain, walked into my room and said "How's it going?" He heard.
- A computer/word processor helps the medicine go down. I can't imagine what color my previously brown hair would have been if I had not been able to correct and reprint my staff study after I discovered that I misspelled my staff leader's name.
- You pay your money and you take your chance. You don't get your choice of roommate. And chances are he will know some words your mother doesn't.

Nice to know:

- A car is helpful if you object to TV dinners for nine straight weeks.

- Waiting until the last minute to arrive at Leavenworth is the pits. Have you ever tried to find Fort Leavenworth on a Kansas road map, or in the dark?
- The Army might just pay you to carry in your vehicle the 600 pounds of stuff you were going to take there anyway. It's called a DITY move. Ask your transportation office about it (have I told you about my nice new blue mess jacket?).
- My room in Hogue Barracks had a microwave and a coffee maker.
- ACS lends to CAS^3 students—if you get there before the other 899 students.
- And finally, nine weeks is not forever, although at the end of Week 1 it seems like it.

Ministry To The Critical Care Givers

David M. DeDonato

It was not until the early 1960's that the need for specialized critical care in medicine was established. Hospital emergency rooms needed specially-trained personnel in trauma-care. Recovery rooms were started to care for patients immediately after surgery. Both anesthetics and surgeries were still considered dangerous and high risk. Until then, patients were taken from the operating room directly back to the ward. By the end of that decade, medical, surgical and trauma intensive care units, cardiac care units, and trained trauma teams became a standard part of major hospitals.

With the advent of the critical care field, the need for trained specialists—doctors, nurses, technicians, and orderlies—became apparent. The new and expanded role of today's critical care-giver "is characterized by increased autonomy, responsibility, and for accountability in maintaining high standards of performance. In addition, these specialty areas represent a drama of living and dying among the critically ill in a fast-paced environment."[1] To help the critical care-givers cope with their stresses became a challenge to supervisors, administrators, and chaplains.

What follows is an identification of some of the stressors of these critical care-givers and a personal model of ministry to staff members amidst their daily work and coping with stress.

A. Scope

This study is limited to the areas for which I had pastoral and clinical ministry responsibility earlier this year—the Emergency Room, Operating Room, and the Surgical Intensive Care Unit (SICU) of Main Hospital, Brooke Army Medical Center (BAMC Main), Fort Sam Houston, Texas.

[1]June T. Bailey and Lillian A. Bargagliotti, "Stress and Critical Care Nursing," *NLN Publication*, 15:2170, November 1986, 127.

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My assignment and presence in the emergency room (ER) and operating room (OR) was new to those staffs. With the exception of an assignment for six weeks the previous summer of a chaplain candidate in the ER, neither area had ever had a chaplain assigned to them for direct coverage. As the head nurses, administrators, and I formulated my duties, it was agreed that I would serve primarily as a go-between for patients, their families, and staff, providing ministry and support during periods of highly intense life saving activity and surgery. It was also expected that I would be available to staff to provide ministry and support to them as well as observe them for purposes of this project. After a settling-in period, complete with its adjustment problems and quizzical looks, the OR and ER staffs accepted my presence and I became part of the team.

B. Basis

This study examines the interaction of critical-care givers with patients, families, and each other amidst the routine and stresses of everyday activities. The identification of these stressors enabled me to formulate a model for ministry to help critical care givers in the midst of all that was taking place around and within them. My focus is on stress because medicine is a stressful profession and this stress is more pronounced for those working in critical care. I found the words of one who is charged with training Army surgeons to be equally as applicable for critical care givers, "Pressure and stress brings out the grand attributes of a surgeon. It is only then that we see what a person is really like" (Chief of Surgery).

Not only does stress bring out the best in the medical professional, it can also bring out the worse. It is at that point, when a person is faced with his/her limitations in coping with stress, they are most apt to turn to others for support. For many of the staff, I became that person to which they turned. It is from those moments, as well as from working with and observing the surgeons, anesthesiologists, interns, medical students, nurses, corpsmen, OR techs, Red Cross volunteers, and clerical staff that a way of ministry began to emerge for me.

To supplement these personal experiences and observations, I have included material gathered from interviews, medical, psychological, sociological, and theological readings. These varied sources enabled me to validate my findings and assumptions.

II. EMERGENCY ROOM

A. Setting

Brooke Army Medical Center (BAMC) has a Level 1 Emergency Room which serves as the trauma center entry point for the northeast quadrant of San Antonio. The ER contains 11 patient beds, a trauma room, and 3 minor surgery beds. The staff consists of 8 nurses, 21 corpsmen, and 2 ambulance drivers. Four physicians are present during the day; 3 are on duty at night. Usually 2 nurses and 4 corpsmen are on duty during each shift. All staff pull 12-hour shifts with 3 days on and 3 days off. Sometimes, when staffing per-

mits, 4 days on and 4 days off are given. The ER averages 125–130 patients a day, with 15–16 patients being admitted, 5–6 of which are ICU admissions. There is an average of 60 resuscitations per month.

B. Stresses

Emergency rooms are the busiest environments in the hospital, as patient problems cycle through quickly. "ER personnel experience far greater rates of 'saves' than do other medical units. Patients are frequently successfully revived or prepared for surgery and there is seldom any long term follow-up. The other most frequent class of patients are those that arrive dead"[2] While ER personnel do experience some stresses that are common to those of other hospital personnel, there are some stresses that result from their unique role:

1. *High Patient Volume:* The volume of patients that enter both the ER and Acute Care Clinic (ACC) is staggering. The ER sees an average of 4,500 patients each month while the ACC average is 5,500. The most common reason for the high numbers is that many patients are unable to access the military care system through clinics controlled by Central Appointments. Patients soon learn that the quickest way to be seen by a doctor is through the ER and ACC. There is not enough staff to see everyone on a timely basis. Thus, long waits are encountered by patients, and when they are seen, they are screened and examined by doctors who are stretched to their physical and emotional limits. The frustration of being unable to provide the maximum quality of care he/she is trained to provide is an added stress to the ER care-giver.

2. *Uncertainty:* There is a constant stress of not knowing what condition the next patient will be in. "Staff has to know a little something about a lot of things—surgery, medicine, gastroenterology, pediatrics, obstetrics, and other fields of medicine" (ER Nurse). When a patient does arrive, it is often with limited or incomplete medical data and history. A lengthy screening, by process of elimination, must take place before a diagnosis can be made. Then, the patient's care is usually handed off to another doctor in one of the wards (if patient is admitted) or clinics. Sometimes the care provided by the ER staff is criticized afterwards by either the patient or doctor.

3. *Administrative Support:* The ER staff thrives on their fast-pace environment. They have been trained to make rapid assessments and take quick life-saving actions. When it becomes necessary to admit a patient, often the ER staff becomes very frustrated at the seemingly lack of urgency that ward staffs exhibit in clearing bedspaces for these patients. When the patient is an ICU admission, the frustration grows. "Here's a patient that's critical and it's taking one to two hours while they transfer a patient, get the bed cleaned, inspected, and all that. They don't appreciate that it's a life and death matter we have down here. The support is not there for us to respond at the fast pace our specialty calls for" (Emergency Medicine Staff Physician).

[2]Jeffery S. Hammer and others, "Measurement of Occupational Stress in Hospital Settings: Two Validity Studies of a Measure of Self-Reported Stress in Medical Emergency Rooms," *General Hospital Psychiatry*, 7 (1985), 157–58.

4. *Staffing Problems:* Already being short-staffed, BAMC military ER personnel must cope with system demands for schooling, additional duties, TDY, in-processing, clearing, etc. When personnel who are sick or hospitalized are added, a more critical staff shortage results. Shifts are lengthened to take up the slack. The ER nurses were hit with a rash of hospitalizations during a two-month period which left them short-handed. Afterwards, one nurse was transferred for health reasons, and two others voluntarily returned early from convalescent leave. "If we were in the civilian sector and were short doctors or nurses, we could place an ad in the newspaper, cut back on the number of people we see or charge more for seeing them. In the military, we have to wait for the system to catch up. Most times it lags by at least three months" (Chief Dept of Emergency Medicine).

C. Ministry

I covered the ER on an on-call basis. I visited there when I entered and left the hospital each day to let them know I was on the beeper, and responded to pages from them throughout the day. During these occasions I visited briefly with each staff member who was not busy with patient care. To the others, a simple hello sufficed.

The several times each month I was duty chaplain enabled me to spend a few additional hours in the ER. Also, I spent several nights in the ER while not on duty. The first night was eventful in that I "earned my stripes" in the eyes of the ER staff. This facilitated my acceptance by them and opened the door for meaningful ministry. That critical event concerned a patient that the staff was hesitant to approach:

> I was beginning an all-night stay in the Emergency Room and was talking to the charge nurse and one of the doctors at 1830. Suddenly, from out in the hallway we hear a female voice shouting profanity. The three of us rushed into the hallway to see an EMT stretcher with a young female soldier in BDUs on it face down and with her hands handcuffed behind her back. Alongside the stretcher was a burly uniformed MP with two other uniformed men following along behind.
>
> As the stretcher passed us, we looked at each other. By that time, about a half dozen staff had gathered in the hallway as well. The nurse said, "Chaplain Dave, looks like one for you. At those words, the entire group stepped back, clearing a path for me, and looked my way. "Thanks a lot, Rebecca," I replied, and walked toward the door of the OB room where the soldier had been taken.
>
> Inside the room there was a SGT EM Tech trying to get information from the soldier. His efforts were met with much abusive profanity from the soldier. Also in there were the MP and who I later found out to be her company XO and 1SG. Everyone looked utterly helpless. As I went up to the stretcher, the EM Tech shrugged and stepped back. I introduced myself as the chaplain and asked the soldier her name. It was KR, a 19 year old AIT soldier. She then shouted, "Everyone get out of here. I want to speak to the chaplain in private. Get OUT of here." I motioned everyone out. Before he left, the MP cautioned, "I hope you don't want those handcuffs off, sir." I shook my head no, and closed the door.
>
> I pulled a stool over by the stretcher and sat down facing KR's head. I got a whiff of her breath. She was drunk. She cried and told me how she wanted out of the Army, but that the unit wouldn't let her. When I asked

why, she wouldn't say but then cried some more and said she wanted to be with her boyfriend, a soldier in her company.

After about 10 minutes of this repetitious conversation, she stated she had never felt worse in her entire life and that she wanted to kill herself. Would I help her? I replied no. Would I please kill her? Again, no. She then shouted at the top of her lungs, "YOU GO TO H--- AND GO F--- YOURSELF!" At that point the door came flying open and a horrified nurse looked in and asked, "Chaplain, are you OK?" I said that I was and that I don't think I could do anymore at that point. The nurse and a doctor came in.

When I left the room and entered the hallway, several of the staff were still there along with the company XO and 1SG. Some of them were laughing; others had shocked looks. "I guess you heard, huh?" I asked. They all nodded yes. I shrugged and said, "Hey, I've been called worse. If you ask me, if I did what she told me to do, it'd be classified as an obscene gesture!" Everybody cracked up. After regaining their composures, each went about their business.

From that point on I saw an increase in patient referrals by the staff, especially physicians, and found more staff members willing to converse with me as time permitted. I became a person to whom they could express their tiredness, frustration, and anger. I was a pastor to the walking—wounded, the staff who had been hospitalized (and with whom I had visited there), and to those who were experiencing personal problems.

As I listened to the staff I expressed my care and concern for them as a fellow-sufferer who is aware of his own tiredness, pain, and frustration and who is able "to convert his weakness into strength and offer his own source of healing to those who are often lost in the darkness of their own misunderstood sufferings."[3] Often, just an encouraging word, an understanding look, or a compassionate hug was able to communicate a lot in the fast-paced action swirling around us.

III. OPERATING ROOM

A. Setting

The BAMC Main Operating Room is a six-room operating suite with a staff of 11 nurses and 16 operating room techs. Three nurses and two techs are civilian, the rest military personnel. Most personnel work during the day shift (0645–1525) with 2 nurses and one tech working on evening shift (1445–2300). Night shift has only one nurse covering both Main and Beach operating rooms. The Department of Anesthesiology and General Surgery Service each maintain on-call teams who respond to traumas and emergency surgeries.

B. Stresses

Operating rooms are the battleground on which surgeons wield their scalpels to combat disease and injury. The anesthesia staff are the pointmen who prepare the patient; the scrub tech is the surgeon's ever-present and always-

[3]Henri J.M. Nouwen, *The Wounded Healer* (Garden City, NY: Doubleday and Company, Inc., 1976), p. 89.

ready spearcarrier; and the circulating nurse is the logistician and palace guard. Behind the scenes are many others who sterilize equipment and instruments, prepare surgical trays, clean and stock the rooms, and do all the other mudane work to prepare for the hour of combat. Accountability, proficiency, competence, and responsibility all mesh to provide an intense and stressful environment.

Various studies have identified OR stresses applicable to specific hospitals. Inadequate orientation programs, work scheduling and patient assignments, and supervisor-employee communication problems were identified as OR stresses at one location (Marcus). Another study pointed to abusive doctors, working with incompetent personnel, and receiving contradictory instructions as stressors (Wry). In talking to different OR personnel about these studies, I discovered that each person had at least one stressor unique to them as well as some in common with others. From their comments I was able to identify the main stressors found in the BAMC Main OR.

1. *Interpersonal Relations:* Surgeons, anesthesia staff, nurses, and techs interact regularly to create discord as well as harmony. Inadequate communications, personality conflicts, receiving contradictory instructions, necessary supplies not available, idiosyncrasies of surgeons, and feeling unappreciated have all contributed to stress. Some typical comments:

> "I wished he'd tell me what he wants, I can't read his mind!" (Circulating Nurse about an OR tech).
>
> "If I see my name on the schedule to scrub in for Dr. _____, I'm going on sick call. I'm not being treated that way again!" (OR Tech about a particular staff surgeon).
>
> "The surgeons would operate 24 hours a day if it weren't for us telling them we won't staff the rooms!" (Staff Anesthesiologist about surgeons).
>
> "That tray was not wrapped properly. It's useless to me! I'm writing this one up, someone's going to pay!" (Staff Surgeon to a circulating nurse).

2. *Competency/Experience:* Peer pressure, especially among the nurses and techs, keeps the question, "how will I measure up?" in everyone's mind. About 60% of the OR nurses have two or less years experience in that specialty. "How good the supervisory nurse is makes a big difference to the younger nurses. Are they tolerant of their mistakes due to inexperience? Promotion is highly competitive and very difficult now. One or two bad OER's and your out." (OR Nurse, 11 years experience).

3. *System Requirements:* The same requirements for military OR staff exist as was mentioned for the ER personnel. Of special concern to the techs, one particular week, was a PT test. One tech ended up failing the two-mile run because he didn't run on his own. I've overheard several surgeons and nurses bemoan the fact that their personal exercise has been greatly reduced or rendered nonexistent because of their workload.

4. *Surgeon Stresses:* Heart rate studies of surgeons in the OR (Becker, Payne) indicate that while heart rates are higher in surgeons while they operate, "there is little evidence of strain resulting from the psychological stress of operating."[4] The results these studies suggest is that "experi-

[4]W.G.E. Becker and others, "Heart Rates of Surgeons in Theatre," *Ergonomics*, 26:8, 1983, 806.

enced surgeons are well adapted to the particular stresses of surgery, as airline pilots are to flying."[5]

What does cause stress, even among more experienced surgeons, is finding some surprises when a patient is "opened-up." In one case which was supposed to be a simple ventral hernia repair, the surgeon spent 6½ hours prying the intestines apart because they had wrapped themselves around each other and were plastered to the abdominal wall. Another surgeon was set to remove part of a pancreas only to find a grapefruit-sized cancerous tumor which had gone undetected in the pre-operative tests. A third surgeon had to scrap redoing an aortic femoral bypass when the small intestine was accidently perforated because scar tissue from a previous surgery made it extremely difficult to separate the intestine from the abdominal wall.

5. *Anesthesia Staff Stresses:* The most stressful time for the anesthesia staff is when they are anesthetizing the patient once they enter the OR. This is especially critical when a spinal block is being administered. Once this is accomplished, the anesthesiologist carefully monitors the patient's condition throughout the surgery, revives them once surgery is completed, and continues to examine the patient until they are fully recovered from the effects. Incidents of respiratory arrest produce great stress, and the anesthesiologist's greatest fear is that a death will occur as a result of his/her actions. For that reason, they jealously protect their relationship with the patient and concentrate on their care in the OR. "We need to establish rapport with the patient and gain their trust from the time of the pre-op briefing to when we see they're OK in the recovery room. That's why we don't appreciate interruptions when we're with the patient in the OR" (Staff Anesthesiologist).

Another stress results from staffing. An anesthesia resident complained that the minimum requirement for an anesthesia resident is 600 patients a year, but at BAMC they do 2,000 patient cases a year. "I don't mind the 14-hour days, it's the 18-hour ones that get to me. This place has a reputation of being a nutcracker on residents. They don't care about your private life or non-essential things like sleep" (Anesthesia Resident).

6. *Traumas:* Emergency surgery, especially one in which the surgeon and staff are fighting against time to save the patient's life can be stressful. Surgeons, as a group, are aggressive and readily accept the challenges that trauma surgery presents. What is stressful is the combination of unidentified injuries, no medical history, the urgency of time, and the mass of people who hover nearby during life-saving measures. For the OR nurses and techs, cleaning the bloodied and littered room, possibly having to clean up the body if the patient has died, and then having to deal with a grieving family afterwards are stressors most frequently mentioned. "When we're on-call and get a trauma call, it puts all of us on edge because our actions are very critical to the life of that patient" (OR Nurse, 11 years experience).

7. *AIDS:* Some patients have come through the trauma room who have later been tested HIV-positive. Some of these people have been rushed

[5]Ibid.

into emergency surgery. In both instances, when emphasis is on immediate action, precautionary safeguards against infection is minimal. Often, the surgeon, doctors, nurses, and corpsmen emerge having come in contact with the patient's blood and body fluids. In those cases where a positive identification has been made ahead of time, suitable safeguards and procedures are utilized.

The risk of contacting the AIDS virus is an ever-present danger to the surgeons. Accidently sticking themselves with needles is a common occurrence to all members of the medical profession. What was verbalized to me by several of the surgeons was that they tried not to think of this risk as they went about their day's work. However, one of the resident's wives had a very definite view concerning it:

> The biggest fear that I and a lot of the other residents' wives have is AIDS. When he (her husband) told me he had operated on an AIDS patient last week, I told him that I didn't want to ever know when he does that. I mean, here he's fighting to save the life of a person and to have that person jeopardize his life ... to deny him the opportunity to save many people's lives in the future and to take him from (daughter's name) and me ... that makes me scared and angry (Resident's Wife).

8. *Organ Harvesting:* Those of the OR staff who have experienced this procedure have almost a universal dislike for it. They must prepare the room and instruments for each harvest team. They mention the anxious presence of other harvesting teams hovering nearby waiting for their turn at the body. One nurse has even observed, at another hospital several years ago, several surgeons arguing in the staff lounge over whose team was going to get the next turn. Some staff members have expressed dislike for having all the organs removed from a patient and having only the outer body remain. "There's nothing left of what used to be a human being. That's certainly not my idea of dying with dignity!" (OR Nurse, 8 years experience).

C. Ministry

My presence in the Main OR had an immediate impact. It was the first time that a chaplain was assigned there. For the first few weeks I repeatedly explained to others the reason for my presence. The response was positive for the most part, however, there was an occasional quizzical look. In one case, there was outright opposition to my being in the OR by a staff anesthesiologist. He couldn't see my presence adding anything to what a Red Cross worker or one of the circulating nurses could accomplish by keeping the families in the waiting room informed as to the progress of surgery. A face-to-face meeting with him enabled both of us to reach an understanding and an appreciation of each other's views.

The value of my having access to the OR rooms was to be a presence, in the words of Nouwen, "to make visible in daily events the fact that behind the dirty curtain of our painful symptoms there is something great to be seen: the face of Him in whose image we are shaped."[6] Staff soon

[6]Nouwen, op. cit., p. 44.

became comfortable with my presence. They were appreciative of my serving as a liaison with family members as this relieved them of the need to go back and forth to the waiting room.

Three days a week I was present as the nurses and techs gathered for their morning meeting. The minutes immediately before the meeting afforded me an opportunity to visit briefly with them. Another good time to visit was when they prepared their rooms for the first patient. These were the times that they would talk to me about personal problems, air their frustrations, or just engage in friendly conversation.

As each of the surgeons arrived, I would attempt to be in the hallway to greet them. Often, they would express their feelings about the pending surgery to me: "Chaplain, this one is going to be a bear, you may want to stick around," or, "the family is especially up-tight about this, so you may want to spend a little time with them in the waiting room." This provided a quick assessment of the stress that would be forthcoming and alerted me to the possibilities of ministry to the staff and families.

These interactions also helped strengthen the interdisciplinary collegiality among the surgeons, OR staff, and myself. There were occasions where the surgeons would ask me to relay medical information to the families, a task that I did not usually do and one which is normally a prerogative of the surgeons. When I did this, I would return to that OR and pass on to the surgeon the family's reaction. At other times the surgeons would inquire about the family's morale and how I thought they would take the news that the patient was not doing well. These interactions became a ministry "with" the surgeons.

There were times I became the object of the staff's humor. "Religious" jokes were told for my benefit. At other times, not-so-religious jokes were related, probably just to gauge my reaction. Sometimes, the surgeons would call me over to the table and show me a particularly nasty-looking organ. Were they doing it just to share an "interesting" aspect of their trade or was it to test me? There were also times that surgeons would reply "seven and a half minutes" when I asked them how much longer the surgery would take. I would walk away, shaking my head, realizing they were pulling my leg. One of the things that annoy surgeons is to be asked ho much longer a surgery will take. After receiving such a response, I later learned to ask, "OK now, how long will it really take?" If there is such a thing as ministry through humor, I think it was found in these moments of stress (theirs) and awkwardness (mine).

I was also able to engage in a ministry of education with the staff. I presented an in-service class on coping personally with a sudden death in the OR and how to deal with the patient's family. My presentation of this topic opened up a lot of follow-up dialogue with staff members and enabled me to pastor to them as they struggled to cope with their feelings about suffering and death. In one case, I was able to form a caring relationship with a staff member who had been previously aloof.

I feel that I learned much more from the OR staff than I may have taught them. Ministry in the OR became a two-way street, and I became a much better pastor and person because of these dedicated people.

IV. SURGICAL INTENSIVE CARE UNIT

A. Setting

The BAMC Main SICU is a ten-bed unit which services trauma, general surgery, vascular surgery, urology, OB/GYN, and gastroenterology critical care patients. An average of 100 patients occupy SICU beds each month. The staff consists of the BAMC Director of SICU, a head nurse, an NCO wardmaster, 20 registered nurses (9 military, 11 civilian), 4 civilian licensed practical nurses, 6 military 91C's (LPN equivalent), and 2 civilian ward clerks.

B. Stresses

One of the more stressful areas in any hospital is the intensive care unit. Much has been written about the stresses found there as well as the strides that have been made in providing for the welfare of the care givers who work there. "Obviously, the quality of patient care depends greatly on those providing it. The psychological state of the staff will, in part, determine how effective they are. This is true of the intensive care unit where a patient's life is at stake."[7]

The physical, mental, and emotional demands of medical care combine to place a great demand on these care-givers. On the ICU, they "constantly do procedures that have to hurt in order to heal patients. Though we experience many successes, helplessness and hopelessness are always waiting in the wings."[8]

Since the nurses and clerks were the ones most visible on the "battlefront" of the SICU, it was this group that received the most attention and care from me and the ones who provided me with the greatest source of information concerning what stresses them. The most common stressors identified were:

1. *Relationship with the Patient and His Care:* The nurse's care of the patient can produce stress, just by the nature of the seriousness of the patient's condition. Patients wouldn't be on the SICU if they weren't seriously ill. However, the real stress for the nurse comes from how they view the patient as a person. As a result, the nurse gets emotionally close or wants to get as far away as possible.

There is a heightened emotional impact for the nurse when a patient dies, especially if the nurse has developed a fondness for the patient. "It can be stressful for the nurse to have to continue caring and involving herself [himself] with a patient, knowing that the eventual outcome is probably death."[9] One nurse told me, "The more I get attached to someone, the more

[7]V. Bishop, "Staff Stress on Intensive Care Units: This is the Age of Strain," *Nursing Mirror*, 153:6, 1981, 18.

[8]Pat Spohnholtz, "An ICU Nurse Responds: Accept Your Limitations," *Journal of Christian Nursing*, Summer 1986, p. 23.

[9]Renate Crickmore, "A review of stress in the intensive care unit," *Intensive Care Nursing*, 3 (1987), 22.

difficulty I have in taking their death. It's not an easy thing, no matter how many times I experience it." (SICU Nurse, 25 years experience).

As equally stressful, and sometimes even moreso, is the patient for which a nurse has developed a dislike. Some examples from SICU nurses:

> (About a man who was in a motor vehicle accident and had just died. He was intoxicated and had injured other people.) "I'm glad he's gone. That's one less of his kind to screw up people's lives ... I know that's awful to feel that way but that's the second time this has happened, and he was in a coma for 32 days before. I have no pity for him."
>
> (About an obese woman who had just undergone an elective vertical banded gastroplasty—stapling of the stomach to reduce its size—usually an aid to the reduction of food intake) "I don't think too much of those type. They elect to have that surgery. They should have better will-power and not eat as much. They're just taking up a bed that someone who is really sick could use."
>
> (About a man who developed complications from a long bout of alcoholism. He was experiencing severe dt's.) "There's not much we can do for him. That's a waste of taxpayers' money and it's taking up a bedspace. All because he couldn't control his liquor. Well, that's the lifestyle he chose and now he's paying for it. He's not getting any pity from me."

It greatly concerned me when I first heard these negative comments. I wondered how a nurse could care for a patient for whom they had such feelings. When asked this question, all of the nurses responded that they either requested that they not be assigned to such a patient, or that they treated the patient as a body without a name. This enabled them to provide professional nursing care for the patient as a means of coping with their distaste for the patient's lifestyle or actions.

2. *Relationships with Patient's Family:* The family members are looking for information and assurance from the staff that their loved one is receiving the best possible care. For the most part, nurses are able to provide with warmth and compassion the reassurance the relatives of critically ill patients need. At other times the nurses are too busy or exhausted to provide for the needs of the family. This can produce stress and guilt within the nurse who feels that he/she should always be available for the family.

Most stressful is the demanding, unappreciative relative who takes out his/her anger and frustration on the care-giver. A unique twist to this is the relative who is or once was a medical professional himself. These are the ones who continuously question each procedure or who anxiously check the monitor, drainage containers, and tubes. They may implicitly or explicitly question the quality of medical care that is being provided. The one who is often the brunt of this "abuse" is the patient's nurse.

3. *Relationship with Doctors:* Some doctors are seen by the SICU staff as being "cold, unconcerned, and incompassionate," This is a frequent complaint that quite naturally comes from the nurses who invest all of their time and much of their emotions in close, constant care of their patients. "I have seen the surgeons swoop in here, mumble a few words, and then leave. You should see the look on the patient's face. Whatever happened to bedside manner? I'm tired of apologizing to my patient because of their doctor's lack of manners" (SICU Nurse, 6 years experience).

Some stress comes from the inexperience of the interns and junior residents. Being a teaching hospital, these doctors in training are gaining

their experience by doing. For the most part, the SICU staff is able to tactfully bring to that doctor's attention certain fats about the patient's condition that would lead them to prescribe a better treatment, procedure, or medication. "If a doctor does not prescribe a correct medication, I tell them what it should be and why. I back it up with facts" (SICU Nurse, 25 years experience). Usually, the doctor is appreciative of the staff member who helps "further their education."

What does produce great stress and dislike by the staff are doctors who refuse to listen to the staff who are in much more contact with the patient than the doctor is. These doctors resent such suggestions and are sometimes abusive toward the staff member. "They act like they know it all, when really, they don't. If you don't know something, don't pretend that you do!" (SICU Nurse, 25 years experience). What results from this is a reluctance for staff to approach these doctors. When this occurs, the staff resorts to going through their channels to "get the word" to physician channels. Most doctors soon get the word to "clean up their act."

4. *Relationships with Colleagues:* I have observed the SICU staff to be a close-knit group who can work together with one another with little friction. They have a wide variety of experience as well as competency. Formal and informal in-service training helps improve competency. Experience comes with getting out on the floor and caring for patients. What produces stress among the staff is the unprofessional behavior and continued incompetency of some nurses. This has a bearing on patient care as well as staff relations. Tying directly in with the nurse-doctor relationship just discussed is the fact that "competent nurses have no trouble dealing with doctors and vice versa. It's the unsure and incompetent nurses who are intimidated and have the most trouble dealing with doctors" (Nurse Clinician).

C. Ministry

Next to the OR, the SICU was the place I spent the most time. Ministry to OR patients and families continued and a relationship with longer-term patients took place. Unlike the ER and OR, which were new to chaplain assignment, the SICU had been regularly covered by chaplains. For the previous six months I had served as their chaplain, so my relationships with the SICU staff had already been established.

The routine of the unit afforded me an opportunity to spend more individual time with each of the nurses and clerks, especially if activity was light. Since we both interacted with the patient and their family, each patient's nurse and I would talk at least once each day. We usually shifted into conversation about personal matters. Sometimes, long discussions would take place and we would dialogue on some meaningful concerns.

I listened sympathetically to a nurse, clerk, or an occasional doctor as they ventilated their anger and frustration, or shared their grief and helplessness over the death or declining health of a patient. One nurse had just been told by her husband that he wanted a divorce after 15 years of marriage. Another sought help with a troublesome son. A clerk was depressed and disappointed over a job opportunity that didn't materialize. An intern

wanted advice about whether he should marry his fiancee about whom he had serious doubts.

There were also times of shared joy. The wardmaster proudly displays his invention (an adjustable stretcher) that he had spent years perfecting. A nurse displays pictures of her children and talks fondly about each of them. Another nurse talks excitedly about a class she's going to present that will help potential SICU patients and asks if I would help her. Doctors lean back and put their feet up (usually because of exhaustion) at the nurses station and engage in a lively discussion about some non-medical subject—usually religion, politics, or sex.

In all these instances there is a feeling of community. We are united by our concern for the patient and their care, yet we are also bound together by our professionalism and respect for each other as members of the healing team. As I reflect on these dynamics, I felt a pastoral kinship to all who worked on 13A. It was because of their willingness to share themselves with me that I was able to share myself with them—to help, to care, to console, to pardon, to provide hope, to bring joy. In the midst of the sickness and death around us we were indeed able to "perceive life as a gift not to possess but to share."[10]

V. CONCLUSION

A. A Model of Ministry

To be a minister among critical care givers is a call to be a spiritual leader. In order to become this leader I had to recognize that I was a person with strengths and weaknesses. I didn't sit down and formulate a plan ahead of time on how I would do ministry; I just went out and ministered the best way I knew how. After I had been involved in critical care ministry for two months, I reread Henri Nouwen's, *The Wounded Healer."* I had previously identified with the wounded healer because of my past experiences. But it was looking at Nouwen's words that helped me to realize how much of his wounded healer I had become in ministry to others.

What follows is a personal model of how I was able to be that wounded healer among the critical care givers.

1. *Show an interest in the care giver and what they do:* Critical care givers are highly-trained professionals who are often taken for granted by patients, family members, and by other professionals. But underneath the professional is a person who wants recognition that what he does is worthwhile and meaningful to others. The response I received from most of these people when I expressed interest in them as persons enabled me to establish a mutually-satisfying relationship with them. This was the key that gave me access to the surgeons. There was never an instant when anyone failed to answer a question or neglected to respond later to me when time permitted. No matter what their title is, care givers are human beings!

[10]Henri J.M. Nouwen, *Reaching Out* (Garden City, NY: Doubleday and Company, 1975), p. 78.

2. *Never forget that you are a chaplain:* Though I spent many hours in a scrub suit and was often mistaken for a surgeon, I never assumed any other role than that of a chaplain. It helped for me to keep in focus that "a minister is not a doctor whose primary task is to take away pain. Rather, he deepens the pain to a level where it can be shared."[11] On those occasions when I didn't understand what was being said, or its implications, I asked questions. Whenever I was addressed as "doctor" by those who knew me, I reminded them that I was a chaplain. This clarification helped keep the clear focus of my role. Whenever possible I used different experiences to help teach others about the role of a chaplain.

3. *Be yourself and be genuine:* Behind the "Chaplain" nametag is a human being. I was most comfortable when I could relate to others out of my past experiences. I gained an appreciation for my personal life history and was able share with staff the richness of that journey. Frequently, we both discovered a common reference point from which relate, and from which ministry could proceed. In this sense I was Nouwen's spiritual leader:

> ... who is able to articulate his own experience [and] who can offer himself to others as a source of clarification ... a man who is willing to put his own articulated faith at the disposal of those who ask his help. In this sense he is a servant of servants, because he is the first to enter the promised but dangerous land, the first to tell those who are afraid of what he has seen, heard, and touched.[12]

4. *Be giving of yourself and your time:* Critical care givers work long, hard hours. That's an expectation of their profession. Though I did not work as many hours as they, I made good use of the hours I spent in their midst. This presented many opportunities, however brief the time was, for staff members to take time out to express their feelings. Occasionally, this would provide an opportunity for significant ministry. This exemplified Nouwen's definition of pastoral conversation:

> ... a deep human encounter in which a man is willing to put his own faith and doubt, his own hope and despair, his own light and darkness at the disposal of others who want to find a way through their confusion and touch the solid core of life.[13]

5. *Be sensitive:* Having been in daily contact with the OR, ER, and SICU staffs, I developed a pastoral sensitivity to my "flock." Knowing the mannerisms and personalities of staff members, I could detect when they were unhappy, under stress, or in pain. After a time, having experienced some of the same stresses, I could identify and relate to them in their distress. In a sense I made my "own wounds a source of healing" and to see my "own pain as rising from the depth of the human condition which all men [and women] share."[14]

6. *Be flexible and be opportunistic:* The rush or intensity of events often prevented chances for ministry. Sometimes a simple "hello" and a pat on the back would suffice. But sometimes, in an instant, a golden opportunity for ministry would present itself. Too many times these opportunities for ministry are missed if we are not attuned to our surroundings.

[11]Nouwen, *The Wounded Healer*, p. 94.
[12]Ibid., p. 38.
[13]Ibid., p. 90.
[14]Ibid.

> The painful irony is that the minister, who wants to touch the center of men's [women's] lives, finds himself on the periphery, often pleading in vain for admission. He never seems to be where the action is, where the plans are made and the strategies discussed. He always seems to arrive at the wrong places at the wrong times with the wrong people...[15]

An OR tech who angrily storms out of an operating room, a surgeon who has just botched a major surgery, an SICU nurse who's silently weeping at her station, or a frazzled ER nurse who is ready to drop from exhaustion—these are the instant moments for ministry that present themselves for the opportunistic chaplain.

7. *Don't be afraid to laugh, even if it's at yourself:* There are many grim situations in which tension and stress is high. Sometimes the only way to maintain your sanity is to laugh. Gallows humor by staff members is one way to cope in the midst of as stressful situation. There are other times when the chaplain becomes the source of, or the object for humor. At these times it is well to have developed a good thick layer of skin, as well as the ability to laugh at yourself. There is a good humor to be found in most situations. People relate better to a chaplain who's human and who is comfortable with laughter.

8. *Develop an ability to step back and reflect:* Critical care is a high intensity environment that can engulf anyone who is its midst. One's objectivity becomes distorted and a person can get caught up in reacting rather than acting. There were times when I found myself right in the middle of chaotic and urgent situations. What enabled me to be of greatest use to those around me was to mentally, and even physically step back and "contemplate" what was taking place. This sometimes took the form of getting off into the corner of the ER. At other times it meant staying out of the OR for a day or two. This was not meant to create an impersonal distancing from the situation, but rather it helped created a "solitude of the heart" in which God's voice could speak within me.

Being constantly surrounded by peoples' suffering, pain and death, the words of Nouwen can be invaluable to any chaplain. He speaks of the Christian minister:

> As a contemplative critic he keeps a certain distance to prevent his becoming absorbed in what is most urgent and most immediate, but that same distance allows him to bring to the fore the real beauty of man and his world, which is always different, always fascinating, always new.[16]

B. Theological Reflection

> For everything there is a season, and a time for every matter under heaven: a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted ... a time to kill, and a time to heal ... a time to weep, and a time to laugh; a time to mourn, and a time to dance ... what gain has the worker from his toil?
>
> Ecclesiastes 3:1–2, 3–4, 9 (RSV)

Probably nowhere else are the conflicting emotions of Ecclesiastes so vivid than in the emergency room, operating room, and the intensive care

[15]Ibid., p. 88.
[16]Ibid., p. 44.

unit. Contained therein is a microcosm of life. A time to be born. A baby comes into the world in one of the OR rooms. A time to pluck up what is planted. Across the hall, in another OR room, a diseased pancreas is being removed. A time to die. An elderly woman with kidney failure has died in the SICU.

By its very nature, critical care seeks to interrupt the course of life. The doctors, surgeons, nurses, techs and corpsmen use all their talents and training to alleviate pain or fight against time to hold the Grim Reaper at bay. Time and again they exhibit a courage and tenacity to go once more into the breach, even when the odds are stacked against them. They are not content with the observation that "for every season there is a time to live and a time to die." Their's is the time to heal, not the time to kill.

But there are times when even the best efforts of these dedicated people is not enough. They must shake their heads and walk away, convinced that they gave their best effort and that it was not enough. What gain has a worker from his toil? The surgeons will find comfort in rationalizing that there was something to gain. The nurses will prepare the remains for shipment to the morgue or for one last look by the family. If the staff has come to know the patient, there will be some reflection and maybe some tears. And the chaplain, has he anything more to say in the midst of this than comforting words to the grieving family.?

> ... the deepest motivation for leading our fellow man to the future is hope. For hope makes it possible to look beyond the fulfillment of urgent wishes and pressing desires and offers a vision beyond human suffering and even death. A Christian leader is a man [or woman] of hope whose strength in the final analysis is based neither on confidence derived from his [her] personality, nor on specific expectations for the future, but on a promise given to him [her].[17]

The promise that Nouwen speaks of is: life and all that occurs within it has meaning in the person of Jesus Christ. "For God so loved the world that he sent his only Son, that whoever believes in him should not perish but have eternal life" (John 3:16, RSV). The good news is that there is life beyond the grave. No matter what happens in this life, it is but a prelude to the life beyond.

That is the assurance that can lift us from just hoping for the restoration of physical health. We can then anticipate a time when we will be released from the bonds of this earth and our physical bodies, when pain and suffering will be no more. That is when real healing takes place and true health is restored!

So what is the gain of the critical care giver from their toil? I think that it is to stand ready to bring relief and pain to those whose time has not yet come to die. They then become physical healers in the true sense of their profession. They can also provide freedom from pain and allow the patient whose time has come, to die with dignity. At those times they can become emotional and spiritual healers as well. It is this added dimension that makes them more than care "providers." They truly become care "givers."

[17]Ibid., p. 76.

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Conflicting Issues In An Ethical Case Study

Melvin R. Jacob

The military chaplain is an ethicist. He makes decisions and counsels others in their decision-making. He selects and applies moral principles and codes. The chaplain models his ethical principles. What happens when the clear-cut application of principles and codes becomes conflicted and confused with the ethical issues at hand? What framework may the chaplain use to sort out the principles and issues? This article gives a response to these dilemmas by presenting an ethical case study and then discussing the issues in conflict. The goal of this article is to integrate a framework of decisionmaking within complex ethical issues. I believe this integration has value throughout the military chaplaincy.

The setting of this case study is a governmental medical center. The vicissitudes of health care provide the crucible in which moral principles mix with issues of care. This mixture, on occasion, confuses and conflicts with ethical principles. The medical center presents the human condition with its frailities and potential, a structure of authority and defined mission, and the conflicting ethical issues that arise in a complex interaction between illness and care. Markowicz (1982) noted the similarity between the hospital and combat military environment and coined the phrase "foxholes of hospitals." Each setting contains the stuff of struggle, survival, courage, and meaning. Such foxholes can be found in most settings where the chaplain is called to serve. His task remains entwined with ethical elements as he offers clarity and understanding and relates grace and meaning to the people and issues in conflict.

This article is divided into five areas. The first area is the ethical case study with its objective data. The second area contains the identified conflicting issues, and the third presents the ethical framework. The fourth area

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sketches a pattern of ethical intervention. The final area contains concluding comments.

ETHICAL CASE STUDY

Physical Data

Mr. P, 47 years old, was critically injured in an auto accident. He had a C–2 fracture, closed head injury, and severe brain trauma. Due to the location of the spinal fracture, his breathing muscles and diaphragm were rendered ineffective. He had suffered lack of oxygen. He had been artificially kept alive with a ventilator controlling his breathing. Mr. P's seizures were indicative of central nervous system injury, responsive to only deep pain stimuli. His brain activity was very minimal, showing mid brain and pons infarction on the CAT scan. Three episodes of sepsis infections were controlled with expensive medications. Several cardiac arrests necessitated full codes to resuscitate him. The attending physician cited that both the high spinal fracture and the brain injury were unalterable, leaving Mr. P in a permanent vegetative condition. He required constant monitoring in a medical intensive care unit.

Cultural Data

Mr. P had three grown children from his first marriage which ended with a divorce. He was married to his second wife approximately twenty years. They had two children, an older teenage daughter and a 10 year old son. Although Mrs. P lived an hour and a half from the medical center, she visited him daily or every other day. During the course of Mr. P's treatment Mrs. P's mother was diagnosed with terminal cancer and given a short period to live. She was hospitalized in a city two hours in the opposite direction of their home. Mrs. P. alternated her visits between husband and mother, creating tremendous strain on her and her family.

Mrs. P disputed with her mother-in-law. The openness of their conflict was seen in their differences about the level and kind of care Mr. P should receive. Mrs. P stated, "My mother-in-law never accepted our marriage or me ... he joined my church and left hers." As Mr. P's condition deteriorated, the tension in their relationship increased.

Mr. P's older children had been to see him and appeared to understand the extent of his injuries. The 10 year old son was not allowed by his mother to see his father. Mrs. P stated she wanted to protect him from the pain of seeing his father like he was. This decision was questioned, but Mrs. P persevered with her opinion. As months passed the son began to ask "if his father was dead" and "if he would return home again." With these questions Mrs. P changed her mind and allowed her son to come with her on one of her visits.

Religious Data

Mr. P had been raised Roman Catholic, but became inactive after his divorce. When he remarried, he joined his wife's fundamentalist Protestant church. His choice alienated his mother. Although Mr. P worshiped only occasionally, his wife was regular in her attendance.

Mrs. P's faith community showed her with support, attention, and advice in her ordeal. The message she continually received, "We are praying Mr. P will be healed ... to arise from his bed and walk." On occasion, a member would accompany Mrs. P and pray at Mr. P's bedside. On one such visit, the visitor interpreted Mr. P's involuntary muscle movements as a miraculous sign that he would, indeed, be healed by divine intervention.

In consultation with the medical staff Mrs. P was appraised of her husband's unalterable and deteriorating condition. The question was raised about placing him on "Do Not Resuscitate" (DNR) status. (No code given if cardiac arrest occurs.) Mrs. P tended to interpret such suggestions as insensitive and as a sentence to death. Her faith community negatively interpreted them as "calling God's healing power to question."

Data of Patient-Staff/Physician Relationship

Mr. P was unable to speak for himself. He had no living will. He had not spoken to his family about his wishes if he were in a vegetative condition. He spoke through surrogates, his family. His wife was the spokesperson.

The family appeared divided in the level of care desired for Mr. P. Some family members—primarily, the older children—acknowledged his futile medical condition. His wife, influenced by her faith community, appeared to deny the severity of his injuries. She was very vulnerable.

Her faith community, uniformed and uninterested in the medical data, gave her much needed support, but wrapped it in a theology that gave easy advice. This advice packaged simple answers to complex questions of medical limitations and moral responsibility. Her faith community limitedly defined hope as Mr. P arising from his bed and walking. This hope was attached to a supernatural event rejected by the health care team. The team, sensitive to Mrs. P's vulnerabilities and need for support, became frustrated with the incongruities of her adamant position and Mr. P's condition. Mrs. P was resistant to and frustrated with information on his declining condition. The question of DNR was framed as a statement of faith by her.

Mrs. P's frustration appeared exacerbated by the two month rotation of residents. These physicians transferred patients with each new two month training period. This rotation of physicians was part of the mission at this federal medical center which, in turn, provided the care without cost to the patient. This rotation added to a cycle of poor communication. The family began to trust a physician and a physician began to understand the family when the mandatory rotation occurred, thus heightening distrust and poor understanding.

A low level of trust had developed between Mrs. P and the staff. Listening to the frustrations, the chaplain observed a mutual devotion and care

for the patient's welfare. A bright LPN suggested that Mrs. P be allowed to perform nursing care for Mr. P. Mrs. P worked with him in non-skilled nursing activity. Over a period of time Mrs. P began to change her assessment of his condition. Communication was opened. Mrs. P told the chaplain she wanted to discuss her husband's condition with the attending physician. A conference was arranged with the chaplain present. The medical data and course of treatment with prognosis were clearly and sensitively described by the physician. Distrust and frustration appeared to melt away. Acceptance seemed visible as each described the predicament of the other. Hope began to broaden, making honest decisions about his care with all the pertinent information and family values as resources. The conflicting ethical issues of care could be shared between the family and health care team. A breakthrough occurred.

Conflicting Issues

Basic ethical issues surrounded the care of Mr. P. These included:

—was his life worth living?

—was his life beneficial to significant others?

—was it more humane, affirming human dignity, to allow his death without extraordinary means taken to prolong life—for example, the Do Not Resuscitate Order?

Encapsulated in these questions are ethical issues of personhood and what constitutes life/death. The severity of injuries, the complicated and expensive medical care, and the futile prognosis raised ethical questions about the level of care legitimately needed to care for Mr. P. The continued stress on the family and the tremendous costs increased as each day presented new battles to just maintain Mr. P's vegetative condition. The family's ambivalence, fed by medical realities and advice from their faith community, appeared to handcuff the health care team. Sensitive to legal ramifications with angered families, the staff tenuously and compassionately waited for the family to resolve its internal struggles. The expression of religious faith had been framed in apparent opposition, even antagonism, to the medical facts. Whom should the family, or the proxy spokesperson of the patient, trust—a doctor with whom relationship was limited, a faith community physically removed from the patient, or their ambivalent selves? Indeed, Mr. P lay in a hospital foxhole where confusion, struggle, survival, courage, and meaning enmeshed. A light, with moral and ethical illuminations, amidst the darkness of Mr. P's foxhole was surely needed.

Moral Enlightenment

Is there a moral principle that would have unquestionable application to the terrible, traumatic plight of this patient and family? Bernard Gert (1973) suggests the application for a moral principal by those who adequately understand and present them. "The universality of the moral rules means that unlike almost all other rules they apply to all those who can understand them and guide their actions accordingly." (p. 68) The complexity of the

issues with Mr. P's care clouded the certainty of moral rules. As Gert implies someone was needed to give them understanding and guidance in their application to this situation. David Hilfiker describes the surreptitiously powerful role of the physician in such a situation. "We (physicians) have been forced into the role of God, yet we hardly seem to have recognized it." (p. 719) Aware of the complex ethical vicissitudes in his case the physicians acknowledged their limitations to enlighten the darkness and guide the family to mutually acceptable care for Mr. P. The chaplain had the opportunity to supply such ethical enlightenment and guidance—for example, to be an ethicist.

Three components (A.I.D.) of ethical leadership were shown. These components were visible in the facilitation of the breakthrough between the family and health care team. The process of this breakthrough enabled the development of trust. This process relied on intentional pastoral care where the chaplain did not take sides, but gained the confidence of both family and health care team. These components are identified: 1) The Advocate. The chaplain-advocate used the trust relationship with family and staff to bring clarity to the misunderstanding and confusion that existed. The common focus was the welfare of Mr. P. The chaplain was an advocate for the mission of patient care, based on the dignity and worth of the patient. As an advocate he defended this mission within the emotionally charged issues of this case. As example, the chaplain arranged a meeting between the wife and the attending physician. 2) The Interpreter. The chaplain-interpreter translated his understanding of the family's and team's behaviors. He utilized their respective languages to express what the obstacles and goals were for the family and health care team. The chaplain facilitated points of commonality on which trust was built. The chaplain-interpreter explained the wife's helplessness and frustration to the staff; this explanation led to the wife assisting with basic care. 3) The Demythologizer. The chaplain-demythologizer educated family and staff in the myths each employed. These myths were the false stories each maintained about the other. These false stories—for example, "you can't talk to a fundamentalist" and "doctors don't care about a God who can do miracles"—prevented communication between staff and family. These components established a foundation for another level for the chaplain's work as an ethicist—namely, framing the conflicting ethical issues.

Building An Ethical Framework

How does the chaplain piece together the complicated ethical issues? Hinrichs and Nelson (1985) assert the value of the minister (chaplain) to organize "a range of ethical intuition" into an ethical framework. This framework provides a context for discussion for various actions and responses to the ethical issues. "Not only must we begin to ask the right questions, but we need to understand more clearly the ethics and theology involved and, furthermore, to define our role amidst dilemmas." (p. 206)

Mr. P's fate, his life or death, as surrounded with uncertainty. Maguire forthrightly pointed out there are no easy solutions. Uncertainty remains.

> Science will not give us a litmus test for death that will relieve us of all need for moral judgment and action. That day has passed and that is what makes for the qualitative change in dying and the ethics thereof....
> It has been said quite rightly that ethics like art is precisely a matter of knowing where to draw lines. (pp. 174 & 177)

Technology has not facilitated the art of drawing the ethical line. It has, if anything, complicated it. A model for moral decision making eagerly awaits identification in the marvel and malaise of technology. Barnette described this confusion.

> Technology has sped forward like a runner of the Olympics while ethical application to tame that technology and direct it toward making and keeping humanity healthy has limped along on crutches. (p. 19)

Certain facts remained. Mr. P. could not decide for himself about his treatment. His family was not united. Legal ramifications hindered a decisive move from the physicians. To keep Mr. P alive involved extraordinary care. This care resulted in an undue burden for all those involved with his care, and questions remained about what level of care should be offered? Should a DNR order be written? Could the family allow such an order to be written and remain a unified family? Lo and Jonsen, citing criteria to limit patient treatment, concluded that the application of specific criteria even has uncertainty and difficulty, requiring an interface between patient, society, and physician before decisions can be made and treatment defined. Jonsen, Siegler, and Winslade (1982) have provided a framework to make functional this interface and conceptualize the ethical issues surrounding it.

ETHICAL FRAMEWORK

Within the complex data of the case study a framework for sorting out the ethical issues proved helpful. This framework (Jonsen, Siegler, & Winslade, 1982) identified four general categories in an ethical case. Each case has facts, opinions, and reflects moral principles.

> An ethical judgment, like a clinical judgment, follows from a perception of the various facts, opinions, and circumstances assessed for their ethical importance in the particular situation. (p. 6)

These four categories are, indications of medical intervention, patient preferences, quality of life, and external factors. I will give a brief explanation of each and explain how this framework offers clarity to the ethical issues with the care of Mr. P. This framework reduces the complexity of the conflicting ethical issues and enables a sorting of priorities within these issues. The sorting of priorities facilitates the achievement of resolution to the complex issues.

#1 Patient Preference

This category focuses on the physician-patient encounter. It deals with a range of problems: a) legal and psychological nature of patient preferences; the competence and capacity to consent or refuse treatment; b) informed

consent and refusal of treatment; c) the living will (if any); and e) proxy and presumed consent. The ethical significance of this category is deeply rooted in the values of our culture. Patient preference is aligned to the philosophical values of self-determination and autonomy. Each is given the inalienable right to act on his/her own beliefs and values. The person is a creature of God. Paternalism—for example, "the physician knows best" and "the physician plays God"—is rejected.

In the case of Mr. P some pertinent dynamics of patient preference filter out for consideration. The patient could not speak for himself. There was no living will. There was a dispute of the authority with the proxy spokesperson—for example, the wife did not speak for the whole family. The wife's church, holding influence on the family, pushed for no limitation of treatment. There was unresolved family tension—for example, alienation between Mr. P's wife and mother. The medical center policy rotated physicians every two months, exacerbating the development of trust between physician and patient (family). This low trust was seen in the early debate to place Mr. P on full code or no code status.

#2 Indications for Medical Intervention

This category involves the clinical judgment regarding the risks and benefits of diagnostic and therapeutic procedures. These clinical judgments are related to ethical problems. Examples of such problems include termination of specific therapies for Mr. P who is no longer competent, no resuscitation in the event of cardiorespiratory arrest, and selecting specific treatments over others on the basis of his futile prognosis.

Clinical judgment in contemporary, technological medicine searches for precision amidst the ambiguities of diagnosis and treatment. Death, itself, is not clinically precise. Death is viewed as a process, as opposed to a fixed point in time. (Maguire, 1976; Veatch, 1976; & Barnette, 1982) Veatch (1976) describes the ambiguities underlying technology and medical care. "If we are dealing at the conceptual level with philosophical choices about what is essential to human living, we may have to tolerate philosophical pluralism." (p. 56)

The massive injuries to Mr. P were overwhelming. Either his C–2 fracture or his severe brain injury appeared to insure a vegetative existence. These two injuries together left his permanent vegetative condition hardly disputable. The indications for medical intervention appeared conducive to the ethical principle of beneficence. Under this principle it is the physician's duty (Hippocratic Oath) to assist and benefit and do not harm. (Dustan, et al, 1984).

#3 Quality of Life

Quality of life refers to such goals as restoration of health, relief of pain and symptoms, and support of compromised function. Quality of life refers to "the subjective satisfaction expressed or experienced by an individual in his physical, mental, and social situation ..." (p. 112—Jonsen, Siegler, &

Winslade, 1982) A related concept is "quality of death." The evaluation of quality of life is highly subjective and often rests less on facts than upon preferences about these facts. "There is little question about medicine's dedication to enhancing quality of life, but there are many questions about what quality of life consists of, about who determines it, and about the effects of such judgments on the care provided to the patient." (p. 109—Jonsen, et al)

Pertinent questions were raised about the quality of life of Mr. P. Was his life, such as it was, worth living? Was his life beneficial to significant others? Was it more human to allow Mr. P's death and only provide limited palliative care? The ethical principle of utilitarianism, advocated by 19th century philosophers as John Stuart Mill and Jeremy Bentham, provides a moral theory for these questions. The basis of this theory is the application of the principle that advocates the greatest good for the greatest number of people. A contrasting theory is Emmanuel Kant's categorical imperative which states that a rule or moral right is applicable to all situations. An application of the former allows the writing of a DNR order, whereas the later would not. The different utilitarian and categorical imperative principles provide the parameters under which quality of life issues are examined.

#4 External Factors

The final category, external factors, contains most of the remaining issues with Mr. P's care. This category presents the burdens and benefits that accrue to persons other than the patient. It raises questions about the relevance and decisiveness of the burdens and benefits in clinical decisions about patient care. The nineteenth century philosopher William James applied the principle of pragmatism to many of the questions underlying the external factors. Are the burdens and benefits aligned practically with the clinical decisions? If the answer to this question produces more negative burdens than positive benefits, then alternate solutions are suggested.

The real life external factors greatly complicated Mr. P's health care. Some of these factors included: a) the stress remaining on the family with the patient's vegetative condition—for example, the unresolved conflict between the patient's mother and wife over who knows best for the patient; b) the emotional and financial costs of the treatment, drawing resources from other patients; c) the research value of the case for possible benefit to future patients; d) the teaching value of the case for the medical school residents; and e) the encouragement of the family's faith community toward a particular intervention. These external factors present burdens and benefits that accrue to persons other than the patient. They suggest distinctive patterns of intervention.

PATTERN OF INTERVENTION

The interplay of these categories in the ethical framework establishes a pattern for intervention and decision. Jonsen, Siegler, and Winslade (1982) argue that the most decisive considerations are the medical indications for

treatment and patient preferences. They qualify the application of quality of life and external factors, viewing these as less important to the decision process of patient care. These categories offer a means of seeing complex ethical problems an evaluating how to act reasonably and responsibly in a difficult ethical dilemma.

The chaplain must claim both his limitations and expertise. The chaplain is not a physician. He is limited in his assessment of the indications for medical treatment. Yet, he may be an expert on the patient's preference and quality of life issues surrounding the patient's care. The chaplain's mission as a ethicist is enhanced through the clarification of the ethical components. The physician's expertise is recognized. The chaplain's task is to gain the trust and respect of this individual who has legal authority in patient care. This trust and respect provide the foundations on which the chaplain interacts with the physician(s). Patient preference and quality of life issues become more important as they are clearly articulated for patient care.

The chaplain's relationship to the family and health care personnel is the basis for his ethical intervention. Knowledge of the person, the family, and significant others within the context of the pastoral relationship is vital. This relationship provides data to positively affect patient care.

This framework validates the issues of the professionals and family members involved in the patient's care. These issues are given value and worth, a place in the ethical framework. Emotionally charged issues are often defused. Greater clarity results. As in this case, open communication and increased respect occurred between the physicians and family. The mission of the hospital benefited.

CONCLUSION

The conceptualization of the conflicting issues into an ethical framework established a pattern on which decisions were made. The health care team and family better understood the basis of each's position. The team and family grew in respect for each other; each grew in appreciation of how the other expressed care for Mr. P. The framework facilitated the disscussion of ethical issues and the ultimate decisions that were eventually made with a collaboration of family and team.

Collaboration replaced conflict. The pain and difficulty in Mr. P's care remained. The futility and struggle were not removed, but some was shared. The family, specifically the wife, became a part of the team's decision process. Her input was not circumvented. In turn, the team's insight, expertise, and care were accepted by the wife. Out of the initial alienation and disagreement arose cooperation and agreement. The family and the team cared enough to work together. The ethical dimensions of Mr. P's care were important to the family and team, providing a catalyst for collaboration and cooperation.

Markowicz' phrase "foxhole of hospitals," appeared applicable to the struggle and courage surrounding Mr. P's family and his care. The tragedy of his injuries was inescapable. It would have been so easy to let the devastation of his injuries isolate him and take its futile course (the advance

of the enemy on the impersonal foxhole). The cauldron of issues boiled, making them easily avoided. An ethical perspective and framework gave value to the issues and dignity to the people experiencing them. The perspective and framework did not allow the patient to die without affirmation of his worth and recognition of God's creative design. The foxhole retained its humanity, to which the chaplain brought clarity and understanding and related grace and meaning.

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Ministry To The Passed Over

Charles A. Debney

As a young cadet at the United States Military Academy I remember hearing an old five star general by the name of Omar Bradley talk about a career in the United States Army. What I remember most about that lecture was the response "the soldier's general" gave in regards to a question concerning the Army's "up or out" policy. Everyone, no matter what their rank, must constantly wage war between the ego inflating flattery of a society that loves a winner and the devastating rejection of a system designed to reward only a select few. "Everyone," said General Bradley, "must be passed over. Whether it is before or after completing twenty years of service, we will all one day be passed over for promotion to the next higher grade. There are no six star generals or life time Commander in Chiefs." And then he shared from his own experience that included a demotion from captain to lieutenant as part of the post World War I Reduction In Force.

Over the past seventeen years I have thought of those words and wondered if non-selection is so inherent in our military system, then why is so little is written about it? Why do so few people know what to do or say when the inevitable occurs? Even in the Chaplains' Corps few feel comfortable in addressing those who are "walking through the valley of the shadow of death." Conversation about the subject of being passed over, non-selected, or retired earlier than planned is difficult. Thus, the purpose of this article is to facilitate ministry to the passed over or non-selected.

Recently after her husband was not selected for promotion, a young chaplain's wife in tears explained it like this: "It hurts so bad. I have never felt such pain like this since my oldest sister passed away when I was just nine. It is like death." And it is. Being passed over for promotion is a form of death. It is the death of dreams, of a career; a death of security. Yes, as chaplains we do have a ministry to both those within the military at large and to "our family" within the Chaplains' Corps who walk these paths.

In their book Resources for Ministry In Death and Dying, Larry Platt and Roger Branch remind us that "every juncture where mortality confronts

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ultimacy, a crisis point in human experience exists which cries out for ministry."[1] The experience of being passed over for promotion can devastate even spiritual giants temporarily because the anguish of physical and emotional pain penetrates the very center of being. We are called in God's name in imitation of God and His command; those who are called by His name are also called to minister to all others who experience the agony of defeat and the pain of failure. Chaplains serve those who suffer because His grace is at work in us and thrusts us into a mission of life.[2] If chaplains are really filled with a sense of calling to one another and others with special needs, they become a kinship network like found in the Biblical concepts of brotherhood (1 Thes 4:6; Jas 2:15) and of fellowship, koinonia (1 Cor 1:9) and the command to "bear one another's burdens (Gal 6:2 RSV).[3]

The legitimacy of the presence of the chaplain with those passed over is certain. However, it is difficult to be present; it challenges the chaplain's professional capacities, personal strength, and spiritual resources. In return, the blessing received is profound—the assurance of having been God's instrument to comfort those who mourn.[4] Despite the divergence in denominational and religious doctrine, chaplains remain the chief figure in the military charged with the responsibility of bringing comfort to the bereaved. The summons is to help the person recreate a sense of significant being, to be an individual even though he or she has been passed over.[5] Although those passed over do not possess much political or social clout, in a military where selective retention is becoming common among all branches, sooner or later we shall be they. But what can we do?

Be There

"The greatest gift we can offer to the bereaved is to be with, not treat, them."[6] Being passed over is above all else a loss. It is imperative that the chaplain not cheapen the ministry of presence if at all possible. When a soldier loses a member of his family, the commander—usually accompanied by a chaplain—makes a personal visit. The same principle applies with the death of a dream or career. Often, a positive climate for communication is crated merely by the way the news was presented. Encouraging questions and making time to talk—even if the individual has no questions—creates the setting of mutual trust so necessary for spiritual growth.

Put Yourself In The Passed Over Person's Place

The need is for profound empathy, not sympathy, in serving those who have been passed over. A person passed over endures many kinds of pain. This

[1]Larry A. Platt and Roger G. Branch, *Resources for Ministry in Death and Dying* (Nashville, 1988) p. 19.

[2]Ibid.

[3]Ibid., p. 22.

[4]Ibid., p. 26.

[5]Ibid., p. 43.

[6]Ibid., p. 46.

might include religious doubts; feelings of being betrayed or abandoned by God, the branch, the military, or a combination of the above; and questions about life after being passed over. You must imagine yourself in that person's place. Be sensitive to interactional cues—direct statements, aside remarks, oblique references, tone and speed of voice pattern, and physical gestures that may help to define attitudes.

In short, to minister to those passed over the chaplain must know what grief is, its effects, how it works, how to detect it, and how to help. Grief makes people behave in unusual ways, but it is normal, even necessary.[7] Grief due to being passed over, like losing a loved one, is a process. It involves the following emotions: denial (''This cannot happen to me. All my OER's are good.''); anger (''How can the military do this to me after I have sacrificed so much? I even went to Vietnam.''); resentment (''Why me? Why not someone else?''); fear (''What will happen in the civilian life? What about my family? ''What about our standard of living? What about a job?''); and sometimes guilt—also a part of grieving, as those who feel being passed over is God's punishment for some earlier behavior.[8]

If care givers can recognize the complexity of the interrelated emotions and encourage the one passed over to verbalize them according to his needs, the individual passed over may be able to work through some of them and free up energy that can be spent in more positive ways. Even if the individual cannot work through these complex emotions, he or she will not feel so cut off and alone during a period of transition.

One of the greatest acts of cruelty to the already devastated passed over person is to encourage them to pretend they are not suffering. Health workers—including chaplains can facilitate the grieving process not by silence but by being available to listen, empathize, and support in attempting to cope with the news of being passed over.

Respond To The Changing Needs Of The Passed Over Person

In her work with dying persons, Kubler-Ross noted and delineated typical psychological reaction patterns within the process of dying that can be applied to those passed over or not promoted. These phases include: 1) denial, 2) anger, 3) bargaining, 4) depression, 5) resignation versus acceptance.[9] The underlying basis of the initial sequential phases is the attempt to counter the painful effects of depression which emanate from the feelings of loss and helplessness. Denial serves to avoid the inevitable loss of ultimate control. Acknowledgment exposes the person passed over to the threat of loss and anger toward the accountable party. The bargaining becomes an admission that some Higher Force sits in judgment and is accountable for one's fate or future.[10] An initial goal may be attained by the

[7]Ibid., p. 23.
[8]Ibid., p. 73.
[9]Elizabeth Kubler-Ross, *On Death and Dying* (London, 1969).
[10]Platt, p. 124.

chaplain's availability to, and unconditional acceptance of, the passed over person's worth for who and what he is.

Dealing with anger is the next step. The reaction from the one passed over may be best understood as we consider the traumatic blow to one's continued infantile concept of personal immortality within the military and that promotion boards reflect the will of the Lord. Many provocative ideas accompany the notion of being passed over. The individual's aspiration within the organization are to be terminated. The future, wherein all the deeds, accomplishments, and fulfillments are going to take place, no longer exists.[11] Anger may also be a means of temporizing the degree of anxiety provoked by anticipated loss of love objects like travel, adventure, danger, or peer rivalry. An individual more readily accepts loss or separation from a dislike rather than a liked object. Psychodynamic exploration reveals that depression may result from one or more of several factors. These factors may include internalization of anger, which cannot be expressed to outside targets, feelings of helplessness, or experienced loss.[12] Considering the notion of punishment inherently raises the question of a Higher Being or Force or "good old boy network" who or which has judged, evaluated, and condemned the person passed over.

Personal experiences with those passed over reveal a sequential combination of both resignation and acceptance.

Initially, there is a resignation by the individual that release from active duty will occur sooner or later. The individual becomes resigned to the fact that the future has become more limited in various areas such as fulfillment of former aspirations, of occupational, social interpersonal and other endeavors. During this phase the person passed over or not promoted could take down all military memorabilia; refuse to wear certain awards, decorations, or combat patches; make excuses for not participating in certain exercises such as airborne operations, extended TDY's away from family, or meaningless field exercises. Another clue to a soldier experiencing this stage is a dramatic change in appearance from the sharp soldier to a slovenly one. Studies of depression indicate similar behavior may be demonstrated.

In the motion picture "Cool Hand Luke," Like gets a message while in prison: his mother has died. He sits on the edge of his bed and begins to strum his banjo and sing: "All I need is my plastic Jesus." The warden comes in and concludes that what Luke really needs is some time in the "box".

The result of such action is that Luke comes out of the box now determined no longer to be the model prisoner, but rather to be a pain to the warden who eventually has him shot because of a "failure to communicate."

Once having resigned him/herself to restrictions and having weathered out the blow to the fantasy of immortality and the Lord's will, the individual is able to accept the pass over as a transitional phase in life.

[11]Ibid., p. 124.
[12]Ibid., p. 125.

The function of the chaplain is to interpret and clarify in order for the person and their family to better understand and accept their own behavior. We can help people see that in bereavement it is quite acceptable to simultaneously appreciate the military as well as be furious with the system and that they need not feel guilty because of this ambivalence. Helping those passed over to cope effectively with emotional conflicts and barriers helps them to leave the military with dignity. To be passed over can be an opportunity to realize that active military life has come to an end, but this is an end that in itself is fulfillment. Encouragement of natural emotional responses such as weeping, anger, silent grieving, or simple heart-to-heart talks within the family can often reduce the distance experienced between the one passed over and his or her family.[13]

Remember The Value Of Humor And Laughter

Dr. E.M. Pattison speaks of "part-aspects of the experience of death that could be related to the one passed over. They are: "fear of the unknown, fear of loneliness, fear of loss of family and friends, fear of loss of health, fear of loss of self-control, fear of loss of identity, and fear of regression."[14] The art of humor and laughter often conquers fear of any kind. Allowing the passed over person the opportunity to recognize an evaluate existing options may be a ministry in and of itself. To take leave to various parts of the world via MAC while still on active duty, to take over 2 weeks leave at one time, to buy a home, to complete an education, are just to name a few. These options can include former activities, aspirations which have been put off as well as potentials previously not considered.

Don't Expect Instant Resolution Of Problems

Once again the key to effective counseling is to BE A GOOD LISTENER. "Glib phrases fill the air; a caring presence fills a room."[15] Normal mourning, in regards to any loss, lasts for at least one year. Even the more fortunate among us are usually bereft of support after the first month. It is essential that community resources and unit ministry team efforts be available to mourners for at least seven months. This is part of the reason removal from active duty is not immediate once an individual has been twice passed over. The greatest gift we can offer is to be there.

Failures In Ministry

Failures in ministry to those passed over can be listed in three headings: 1) Failures in heart—that is, failure in charity and lovingkindness. 2) Failures in mind—that is, failure to comprehend the problems of being passed over and the grief associated with it. 3) Failures in role—that is,

[13]Ibid., p. 127.
[14]E.M. Pattison, *The Experience of Dying* (Englewood Cliffs, N.J., 1977)
[15]Platt, p. 147.

failure to fulfill the clerical role as representative of an organized religious faith that speaks hope to present day conflict.[16] It is easy to become impatient with people who have been passed over or not promoted, particularly those who know of nothing else to talk about. However, feeling abandoned and severely anxious, the passed over person is highly sensitive and accurately senses often times the least hint of rejection from others. A single, perfunctory condolence call is often accurately perceived as a "have to" or non-meaningful expression of support. What is needed is a sustained expression of understanding, acceptance, and concern despite the aversive behavior. Above all, the passed over person needs "agape" love or charity as the KJV translates the word.

In my experiences in the military I have heard chaplains who, in an effort to be helpful, have been drawn into the question of "Why?" and have replied that the pass over "may be for the best" or "in keeping with the Lord's will" or that the answer could come through prayer. The problem with such answers is that they engender no communication and no rapport with the one not promoted.

An active listening to the complaints of the bereaved and an active acceptance are essential to building up trust which must lie at the heart of faith. The ultimate meaning in life and death is not a problem the chaplain can refer to the psychologist, psychiatrist, or social worker. It is a problem that can be only answered by religion. However, the chaplains' obligation is not to answer every question but to supply a non-judgmental atmosphere in which questions may be raised. This means also a supportive relationship in the example of his own faith, a faith strong enough to withstand the mourner's hostility and doubt. The real role of the chaplain is to testify to the individual passed over that faith can give meaning to life when object and role are gone.[17]

Finally, if you are ever called on to inform or assist a member of your unit ministry team or an individual in your unit who has been passed over or not selected for promotion, the following guidelines or Ten Commandments may be of help: 1) DON'T PASS IT OFF as the commander's problem 2) EMPHATHIZE. Before you speak, put yourself in the other person's place. Imagine the impact of what you are about to say. 3) CONSIDER THE SURROUNDINGS. A personal visit is ideal. Telephone calls or impersonal office calls are never received well, unless that is the only means available. It should only be used as a last resort. 4) SAY IT SIMPLY. 5) AVOID INFORMATION OVER LOAD. Say what you know. Nothing more. 6) PROVIDE OPPORTUNITY FOR QUESTIONS. 7) DEAL PATIENTLY WITH DENIAL. 8) TELL THE TRUTH. 9) RESPOND TO IMMEDIATE NEEDS. Be prepared to deal with immediate problems and issues. The passed over individual might seek guidance on what to do next. Most people have no plans for being passed over and few know much about what to do when it happens. 10) DON'T ABANDON THE PASSED OVER INDIVIDUAL. Try to be there regularly as a source

[16]Ibid., p. 200.
[17]Ibid., p. 206.

of help and consolation. The most important thing a chaplain can do for an individual passed over is to be there.[18]

[18]Ibid., p. 249.

Ministry In The Time Of The Funeral

Sidney L. Leak III

The funeral has been defined as an "organized, purposeful, group centered, time-limited, flexible response to death."[1] By this definition, the funeral, then, is much more than just a service or rite. It is, instead, a process, a series of events which surround the death of a person.

Ministry in time of death and the funeral is a critical and important process. In order to respond in a timely and appropriate manner, the chaplain will need to understand the dynamics associated with death and grief and the processes and events which go together to make up the funeral.

The purpose of this paper is to provide the chaplain with a resource for Christian ministry to persons at times of death and the funeral. First, appropriate theological and psychological considerations will be discussed with regard to death and grief. Second, various stages in the funeral process will be identified. Within each stage, significant pastoral concerns will be examined. This discussion will hopefully equip the chaplain for an effective ministry of comfort and hope to the bereaved.

Theological Considerations

Christians believe God to be the source and creator of all life. God alone has and creates life. Wherever God is, there is life (Gen. 1:1ff.) Consequently, wherever God is not, there is death (Job 34:15, Ps. 104:29–30).[2]

In light of the above, death has been interpreted theologically in several different ways. Some see death as punishment for sin (Ro. 6:23, Ps. 90:7). Others see death as God's will. Still others view death as a natural

[1]Herman Feifel, *New Meanings of Death* (New York; McGraw-Hill, 1977), "Immediate Postdeath Activities in the United States" by Howard C. Raither and Robert C. Slater, p. 237.

[2]Helmut Thielicke, *Death and Life,* trans. E.H. Schroeder (Philadelphia; Fortress Press, 1970), p. 102.

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part of life, its end. In light of these three theological views of death, I wish to present four theological considerations.

First, the Bible takes death seriously. In the Old Testament, we read of *Sheol,* the realm of the dead, a shadowy netherworld to which persons go at life's end (Job 17:16, Ps. 16:10, 88:3). In the Old Testament, death takes on what Karl Barth describes as a "wholly negative quality." This is due in part to death's "offensive power" to reach out and invade the realm of the living (Ps. 89:48, Is. 5:14)[3] Even in the New Testament, death retains this menacing quality as Paul refers to it as the "last enemy to be destroyed."

Second, as the Bible takes death seriously, it also takes our response to death seriously. The book of Genesis gives us an early glimpse of funeral practices as shown in Abraham's purchase of a cave in which to bury Sarah (23:17) and in the embalming of Joseph in Egypt (51:26). In the New Testament, we find Jesus expressing grief at the funeral of a close friend (Jn. 11:35). After Jesus died, his friends prepared his body for burial in perhaps the best way they knew how (Lk. 23:53–24:1).

These responses to death arise for several reasons. The first involves death's menacing quality discussed earlier; its ability to reach out and invade the realm of the living. The second, however, involves our experience of death as the sign of God's judgment on us. Barth writes:

> "Fear of death is natural and the one who fears death is closer to the truth than the one who fears it not."[4]

Death gives rise to fear in humans, then, because it signifies the end of life *and* the beginning of judgment. In the words of John A.T. Robinson, death is the time when "the old is stripped away and we stand naked before God."[5]

But third, death and its resulting judgment are not the final words in the Bible. The Old Testament expresses hope for a life beyond the shadowy existence of Sheol (Ps. 16:10). Perhaps this is because we are not only confronted with our end time at death. We are also confronted with God, our helper in the midst of death (Ps. 23:4). Barth writes:

> "But the God who awaits us in death is not a God who is against us but for us.... If God is present here with us, then we are out of death's shadow and victorious over it not of ourselves, but of God."[6]

God's redemptive act in Christ enables humans to be victors over death, because the death and resurrection of Christ marks the end of our death. Barth continues:

> "It is in Him that He is our gracious God. For in His union with this one man He has shown His love to all and His solidarity with all."[7]

The atonement and resurrection of Christ has robbed death of its victory (I Cor. 15:54–57). This is why Paul told a group of early Christians concerned about the fate of loved ones who had died that they could grieve but not in the manner of those without any hope (I Thess. 4:13ff.)

[3]Karl Barth, *Church Dogmatics* Vol III/2, trans. G.W. Bromiley (Edinburgh, T. & T. Clark, 1960), p. 590.

[4]Barth, *Dogmatics* III/2, p. 598.

[5]John A.T. Robinson, *In the End, God* (London: James Clarke and Co., 1950), p. 58.

[6]Barth, *Dogmatics* III/2, p. 610.

[7]*Ibid.*, p. 613.

Life, not death, is the final word in the Bible. As death is seen as the end of life, a gracious God is seen as the end of death. And it is promised that God will raise us as He raised Christ. Therefore, death has lost its sting which gives us hope for a future beyond the end of life on earth.

Through his ministry, the chaplain will recognize the final quality of death and the responses of fear it evokes. But in the force of fear, the chaplain needs to bear witness to the hope available beyond death by offering the bereaved the opportunity to explore the resources Christian faith provides to help meet the challenges death and grief present.

Psychological Considerations

Even as the hope expressed in Christian faith is a reality, the process remains by which those who experience loss must move from the sadness and emptiness of death to the place of hope, comfort, and peace. This process is called grief, one with which Jesus was well acquainted (Is. 53:3, Jn. 11:35). However, Jesus taught his followers that those who mourn are blessed for they shall be comforted (Mt. 5:14). Christian hope in the face of death intensifies when we consider that the Greek word for "blessed" is most accurately rendered "happy." In order that those who mourn achieve this state of blessedness, we must recognize the task of grief that confronts the bereaved. Real comfort does not come overnight. It does not come by avoiding painful feelings. Real comfort comes through *mourning,* through facing up to what is felt so grief can be resolved. This process of mourning is encountered through what we shall refer to as griefwork or the grief process.

FM 16–22 identifies stages of griefwork in the writings of Elisabeth Kubler-Ross. The stages of Kubler-Ross, however, differ in some respects from the stages of griefwork. First, more recent studies than Kubler-Ross have shown the process of dying to be less rigid and even stageless.[8] Second, the typical mourner does not encounter all the stages of griefwork, as experts in the field have identified as many as ten stages in grief involving as many as twenty-nine different emotions. Third, the typical mourner may not go through the stages of grief in any predictable or prescribed order.[9] Fourth, the grief process is longer than the stages of death. Research has shown that significant movement through the grief process takes about six to ten weeks to be noticed, the process being judged not by a single objective standard but by criteria of personality and pattern of responses.[10]

Rather than involve ourselves in a comprehensive categorization of all the stages of grief, the chaplain would benefit more from a discussion of certain feelings or emotions involved by a person in the grief process. Thus he may identify a person in grief and encourage constructive, appropriate expression of these feelings. Paul Irion provides a list of these significant,

[8]Feifel, *New Meanings of Death,* "Death Education" by Daniel Leviton, p. 260.

[9]For a discussion, see Granger Westberg, *Good Grief* (Philadelphia; Fortress Press, 1971), p. 9.

[10]David K. Switzer, *Dynamics of Grief* (Nashville; Abingdon Press, 1970, p. 183f.

observable emotions, some of which are identifiable with stages of griefwork.[11]

Tearfulness, is obviously connected with griefwork. This emotion may not show early in the process as the person may be working through initial stages of shock or numbness. When tears do come, the sensitive chaplain will encourage them. Within certain limits, tears facilitate grief resolution provided their focus is on the deceased and not on a substitute. Focus on a substitute may inhibit griefwork or block the process leading to resolution.

Loneliness and *bewilderment* are responses that identify a person engaged in griefwork. The mourner may appear to be lost, in a daze, even amid familiar surroundings. The mourner has lost a primary focus in life and the scheme of life is disorganized until another focus is found.[12]

This presents several opportunities for the chaplain. The first may involve assisting the person in finding another outlet to extend that part of the self which remains involved with the deceased. Also funeral activities and their communal nature help create solidarity to fill the void. Through the funeral activities, the bereaved has the opportunity to accept the love offered freely at this time.[13]

Fear is another element involved in response to grief. The bereaved may focus fear on the deceased, because the bereaved may not believe the spirit of the deceased to be at rest or placated. Fear may also be focused on the dread of the loss itself and the feelings of loneliness and emptiness resulting from it.[14] It is also possible that the loss may evoke fear by making the bereaved aware of his own finitude and, consequently, afraid of his own death.

The chaplain should respond in these instances by utilizing the resources of hope and community inherent in Christian theology. We must realize that Christian faith does not eliminate the pain of grief. Instead, it provides resources with which to cope effectively with grief. According to Irion, a frontal attack of exhortation and denial will neither resolve the grief nor dispell the fear. The sensitive chaplain, instead, will make use of the ways of recognition and understanding.[15] He will accept feelings of fear as valid. He will encourage verbal expression of them. However, the chaplain should eventually work to lead the bereaved to achieve understanding and perspective by utilizing the good news of the gospel, the fellowship of the community of faith, and the *esprit de corps* of the unit, if applicable.

Ambivalence is a response less common than the three mentioned previously, yet it is frequently seen in some situations. Ambivalence is present often when the event of death presents the survivor with both a loss and

[11]Paul Irion, *The Funeral and the Mourners* (Nashville; Abingdon Press, 1979), pp. 42ff.

[12]*Ibid.*, p. 44.

[13]Edgar N. Jackson, *The Many Faces of Grief* (Nashville, Abingdon Press, 1977), pp. 34–36.

[14]Irion, *The Funeral and the Mourners,* p. 47.

[15]*Ibid.*, p. 49.

a gain, as in the case of a close relative leaving a large inheritance. The sensitive chaplain should be alert for this possibility, asking the question, "How does this person see his loss and his gain?" Unless the question is dealt with and answered, grief may well go unresolved.[16]

Hostility is another emotion associated with grief. It may be projected as anger toward the deceased for abandoning the bereaved. It may be projected toward others considered responsible for the death or loss (e.g., the family doctor, relatives). Hostility may also be turned inward on the self, which results in depression.

In such cases, the chaplain best facilitates griefwork by allowing the bereaved to confess and talk about his angry feelings. He may encourage constructive acting out of these feelings, but with great caution as he ensures the bereaved understands what he is doing and why. If possible, the chaplain may encourage the bereaved to abandon these feelings.[17] When depression is observed, the chaplain would do well to encourage the forward momentum of life, encouraging any desire on the part of the bereaved to return to normal routine or duty activities.[18]

Closely related to hostility is *guilt.* This is often expressed as frustration and regret as the bereaved is now prevented from making amends to the deceased for things that occurred in the past. Switzer identifies four sources of guilt in grief. Regression is a present separation which triggers an emotional response related to an earlier situation in which those emotions were unexpressed. The identification of wish and act occurs when the bereaved blames himself for previous acts of omission or commission. Violation of the relationship occurs when the bereaved picks out bad things from the past and dwells on them. Finally, guilt can arise from a felt inability to perform a social role, a failure to live up to social expectations often manifest when the bereaved selects an unaffordable casket or vault.[19]

The chaplain should be alert of significant patterns of word and action which appear to be masochistic or selfpunishing. These include plunging into overactivity and morbid, non-therapeutic ways of perpetuating the memory of the deceased. These include keeping the belongings of the deceased intact, setting a vacant place at the table, and, in some communities, photographing the remains in repose.[20]

In addition to identifying normal grief responses, the chaplain should be alert for deviations from the normal pattern of grief. Eric Lindemann has identified nine patterns of behavior which indicated a distorted or abnormal response to grief. These include relentless energy, excessive withdrawal, social isolation from family and friends, terrific hostility, schizophrenia resulting from hostility, involvement with things which put a strain on one's social or economic well-being, psychosomatic illness, taking on symptoms of the illness from which the deceased suffered, and extreme or agitated

[16]Irion, *The Funeral and the Mourners,* p. 49.
[17]Jackson, *Many Faces of Grief,* pp. 18–19.
[18]Jackson, *Many Faces of Grief,* p. 85.
[19]Switzer, *Dynamics of Grief,* pp. 132–135.
[20]Irion, *The Funeral and the Mourners,* p. 54.

depression.[21] The chaplain should be alert for these and make use of referral if symptoms indicate a condition with which he feels not qualified to deal.

In order for effective ministry in time of grief, the chaplain will need to be available to the bereaved. He should recognize symptoms of grief and facilitate healthy expression of normal emotions associated with griefwork. He should also be aware of distorted and abnormal responses to grief and take appropriate action or referral. While griefwork is a long slow process, no one should experience the sidetracked emotions and loss of community that unresolved grief has the potential to bring about.

Stages of the Funeral

As the funeral is not restricted to the rite or service as mentioned earlier (p. 1), it would be helpful to identify the various stages of the funeral process. The stages of the funeral, which encompass the entire sequence of events surrounding death, are two in number: the period of removal and visitation and the period of the rite or service and committal.

The removal and visitation period begins at the event of death when the body is removed for preparation and ends with the removal of the body from the place of repose (family home, funeral home) for the funeral rite or service. The feature of the removal of the body is missing from many funerals nowadays. This is because most people die in institutions rather than at a residence. This is also due to the fact that the extended family may not be present at the actual time of death, and, therefore, the body is removed by professionals rather than by family.[22]

Once the chaplain is notified of the death, he should immediately gain and maintain contact with the family. The pre-funeral call, as this is known in most circles of pastoral literature, allows the chaplain first to express sympathy and establish rapport with the family. Second, the chaplain may offer to render any needed assistance with either the arrangements or in the grief process. At this time, the chaplain should conduct an analysis of the general attitude and emotional state of the family. He should note the responses and emotions expressed and respond in an appropriate manner.

In expressing sympathy, the chaplain has the opportunity to experience a very meaningful moment in the pastoral relationship. Here, the chaplain speaks not only for himself in offering condolences, but also for the commander and as a representative of the community of faith. The sensitive chaplain will avoid cliche's such as, "I'm sorry this happened, but you must be brave and have faith!" A more appropriate statement would simply acknowledge the loss, manifest concern, and offer support such as:

> "We are all so sorry to learn of COL Smith's death. We shall all miss him very much. If I can be of any assistance to you during this trying time, I hope you'll call on me."

These and other simple words, spoken with sincerity, do much to open the door to begin the process of griefwork.

[21]*Ibid.*, pp. 31ff.

[22]Raither and Slater, "Immediate Postdeath Activities in the United States," p. 237.

In offering assistance with the arrangements, the chaplain should not force himself on the family but rather simply make himself available. This period is also a good time to plan the funeral service itself. This is something positive for the family to do when they feel so helpless in the shock of grief.[23]

Many families today have some idea concerning the elements of the funeral service they want. Some may even have the service planned out at this time. This is the time for the chaplain to listen attentively and weigh his theological integrity with his pastoral sensitivity. In case the latter two conflict when the family wants something which the chaplain thinks theologically inappropriate, the chaplain should let pastoral sensitivity override for two reasons. First, it will avoid any conflict which may be detrimental to the pastoral relationship. Second, although some families' requests may not be theologically sound, they may be consistent with the tradition of that family and they may facilitate mourning by helping mourners to recall memories of the deceased. In such cases, the chaplain would do well to abide by the family's wishes. Should he find this impracticable, he could offer to coordinate more specific or more appropriate denominational coverage.

While planning the service is something constructive for the bereaved to do, they may be unprepared for this due to the initial shock and give the chaplain full leeway in planning the service. At this point, the chaplain should not tease information out of them, but use his resources to design a liturgy consistent with appropriate religious traditions and in accordance with the regulations and traditions of the service. The chaplain should also make use of this opportunity to build further rapport with the family by indicating an interest in some of the qualities and memories of the deceased. This aids griefwork in helping the bereaved to recall memories and also helps the chaplain in providing him excellent material to use in the prayers and sermon in the service.

The chaplain should inform the chaplain assistant of all arrangements made so that the commander and staff are kept informed. He will find it very helpful to be present with the family at the ''first viewing'' of the remains, if the remains are to be viewed. This provides a ministry of presence at a most traumatic time.

The service and committal period begins with the closing of the casket and removal of the remains from the place of repose for the funeral rite or service and ends with the interment of the remains. The service should be held in a building normally set aside for public worship of God. The place of the service or rite is the family's choice. However the chaplain should offer the use of the chapel if available. This is to facilitate effective communication of care and support on the part of the unit and/or faith community.

Elements of the funeral service for which the chaplain is responsible should support the goals of the worship of God and the comfort of the

[23]Perry H. Biddle, Jr., *The Abingdon Funeral Manual* (Nashville; Abingdon Press, 1976), p. 24.

bereaved.[24] Scripture selections should bear witness to the loving compassionate attributes of God and to the hope of final victory over death through Jesus Christ. Favorite passages of the deceased are helpful to read in that they aid mourners in recalling memories of the deceased which facilitates griefwork. Poetry or prose selections are useful for similar reasons as well as helping mourners to share a deep experience or thinking through their experience of grief.[25] Prayers should incorporate the deep feelings and needs of those present. The use of the Lord's Prayer, creeds, or litanies is an effective witness to the unity and corporate fellowship of the faith community in the face of death and loss. The singing of Psalms or hymns is useful in this vein also.

A short sermon or homily may be preached if deemed appropriate. An appropriate message should relate to the life situation of the mourners and their relationship to God rather than glorifying the deceased. Mention of the deceased should focus on aiding the mourners to recall memories of the deceased, thus aiding in griefwork.[26]

The funeral procession is a significant activity within this period of the funeral. Ordinarily it involves movement to the place of interment from the service. However it sometimes involves movement from the place of repose to the service. The procession has come under some criticism in recent years. However, such criticism seems illogical when we consider ours is a society that associates parades and ceremonies with significant events of life. This is particularly true in the chaplain's work as the procession is often an integral part of the military funeral (Ch 3, FM 16–22). In addition to rendering appropriate honors, the act of moving *to* the place of interment or service helps the mourners accept the finality of what has happened.[27] Therefore, the procession has ceremonial, military, and therapeutic value.

The committal takes place at the place of interment or disposition of remains. It should provide mourners the opportunity to take leave of the deceased and to take the first step back toward the mainstream of life. If honors are to be rendered, the chaplain should brief the family ahead of time regarding their nature and the order of occurrence. If a burial flag is to be presented, the chaplain should encourage the family to accept it since this helps them accept the reality of what has happened and also affords them the opportunity to receive the support and care of the nation and the Commander-in-Chief. Scripture, prayer, and a benediction are elements of the committal for which the chaplain is responsible.

Today, many follow the practice of having the committal service first followed by a memorial service at the church or chapel. Since the body is not present at the memorial service, the chaplain should shift some of the emphasis on comfort to the committal. The subsequent memorial service should focus more on hope and resurrection.

[24]Biddle, *Abingdon Funeral Manual*, p. 11.
[25]Irion, *The Funeral and the Mourners*, pp. 98ff.
[26]*Ibid.*, p. 105.
[27]Raither and Slater, "Immediate Postdeath Activities" p. 241.

Ministry in time of funeral does not end with the committal. In some cases, it may be just beginning as the bereaved may need further help in moving back to re-ordering their lives. The chaplain should maintain contact with the family in the days and weeks following the services. As the emotional level decreases and as shock and numbness subside, the chaplain should continue to avail himself to the family in order to facilitate griefwork and provide opportunities for growth in faith. The sensitive chaplain will not push but will encourage re-entry into the mainstream of life or duty. At the same time, the chaplain should be aware of the danger of too-rapid progression back into the normal routine, for the loss must first be apprehended in order for the therapeutic work of mourning to take place.[28]

Throughout the funeral process, the chaplain should seek to integrate compassion and empathy combined with the hope religious faith offers in accordance with the wishes of the bereaved and the regulations and traditions of the service, when applicable. A sound theological framework should be combined with a working knowledge of the dynamics of grief so that the funeral will provide a healthy climate for mourning and an effective witness to faith, hope, and love.

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[28]Irion, *The Funeral and the Mourners*, p. 162.

Proposed Military Pre-Marital Program

Allen Philip Chase

I. Introduction—Prepare-Enrich, Inc.
II. Church and School and/or Public School Classes
III. Installation Preparation for the Premarital Program
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VIII. Taylor Johnson Temperament Analysis: Two Sessions
IX. Wedding Preparation, Schedule Post-marital Check & Marriage Enrichment

Introduction

The premarital program I propose revolves around primary use of the *Prepare Relational Inventory* available from Prepare-Enrich, Inc., P.O. Box 190, Minneapolis, MN 55440. This inventory examines relational strengths and relational work areas in eleven categories: Realistic Expectations, Personality Issues, Equalitarian Roles, Communication, Conflict Resolution, Financial Management, Leisure Activities, Sexual Relationship, Children and Parenting, Family and Friends, and Religious Orientation. These cate-

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gories have been established as key areas in considering premarital issues; this inventory has predicted marital happiness, as opposed to separation or divorce, with an 80% to 90% rate of accuracy (see Stahmann & Hiebert, 1987, p. 230). This tool thus provides a chaplain with a reliable predictor regarding marital stability/satisfactory. It provides her/him with an individualized basis for conducting premarital sessions. It also provides important background information for the counselor—age, education, parents' and friends' reaction to the engagement, etc., etc.

This inventory has two liabilities which should be considered. First, there is an approximate $20 fee for each couple tested. *Prepare-Enrich* charges this amount for the computerized interpretation of inventory results. My belief is that this is not an inordinate amount for a couple to spend on relational issues. Much more than this is generally spent on material aspects of the wedding celebration. Hopefully this inventory is a long-term investment well worth the money. Moreover, this is the only money spent for chaplain, chaplain assistant, and chapel services (other than the organist).

The second liability is that some read the questions in a manner not intended by *Prepare-Enrich*. This is especially true for people with limited literary skills. A possible solution to this would be to have the couple take the test at the chapel with the chaplain or chaplain assistant present. A couple could be asked to check if there were any uncertainty regarding the meaning of a *Prepare-Enrich* statement. In extreme cases, the chaplain or chaplain assistant might need to actually read the statements to the couple as they take the test.

Another test to be used with many couples in this proposal is the Taylor Johnson Temperament Analysis. This test looks at individual health and dysfunction. It provides an opportunity for a fiancee to check his/her perceptions of a future spouse with the actual outcome of the latter's profile. The focus throughout this premarital program is to provide engaged persons with information and clarification. If a couple is ill-prepared to marry, the hope is that sufficient exposure to new information, new clarifications, and new questions will enable them to either break the engagement or to postpone it while continued counseling takes place. This program consists of as many as eleven premarital sessions of 2–2½ hours each. In addition, there are two postmarital activities which are contracted with the couple.

Church School and/or Public School Classes

Before we move to a consideration of premarital sessions, we consider the *real premarital* work. Stahmann and Hiebert maintain that an engaged couple is already psychologically married. They believe it best if a counselor treats them that way (pp. 29, 30). I agree with their position and, for this reason, maintain that true premarital work must begin long before engagement rears its dreamy head. Most of us seem now to agree that sexuality education must begin as soon as children can speak if they are to develop natural and healthy attitudes toward sex. This is certainly true also of marital issues in general. My recommendation is that a family life chaplain meet with both the religious Director of Religious Education and public school

officials to encourage and assist in the development of presentations covering the eleven *Prepare-Enrich* categories. Concordia Press (St. Louis, MO) has some helpful curricula in this regard. But the family life chaplain will probably need to work with teachers and staff in developing appropriate curricula for different age levels. This might be a pioneer endeavor, but is important if we agree that attitudes and decisions regarding marriage are made far in advance of the time a person becomes engaged. One possibility for a chaplain is to sponsor and conduct joint sessions for teens and parents on premarital issues.

Installation Preparation

We proceed now to consider the actual installation program for engaged persons. Preparation required for this premarital program includes each chaplain being validated to give the *Prepare-Enrich* test as well as the Taylor Johnson Temperament Analysis. Funds can hopefully be obtained for this from appropriated funding. Chaplains would also need some minimal instruction to participate in this program as a whole. While there might be some denominational obstacles to a uniform program such as this, my sense is that chaplains will welcome both guidance and structure in their premarital work. If not, they will surely let us know.

Installation/Unit Orientations

Each installation and each unit generally has an orientation program for incoming personnel. This orientation usually includes a chaplain presentation. During the orientation, the chaplain presenter informs people that all persons married by a chaplain are expected to give their chaplain six months notice prior to the desired wedding date. The chaplain can mention that, in exceptional situations, the time can be waivered to three months. This timeframe provides for a deliberate, thorough, and un-rushed atmosphere for premarital work. It also discourages sudden marriages after quick engagements.

First Meeting With Unit Chaplain

This first meeting is a "getting acquainted" session where introductions are made. The chaplain can express her/his pleasure at being selected to work with this couple. S/he then continues the session by providing an overview of the premarital process. A part of this orientation includes the introduction of both *Prepare-Enrich* and *Taylor Johnson*. The couple need not know that the *Taylor Johnson* is only administered to those couples who score many work areas on *Prepare-Enrich*. Since a positive score on *Prepare-Enrich* is a reliable indicator of a future healthy marriage, *Taylor Johnson* need not be administered to those who do well. The chaplain may say something like "You did so well on *Prepare-Enrich* that we have decided we don't need to give out the *Taylor Johnson* inventory. But you may take it if you wish to satisfy your curiousity." Handling it this way—telling everyone at first that

both tests are required—is a good way of avoiding hurt and misunderstanding for those who do need the added work with *Taylor Johnson*.

After the orientation to the program, the chaplain administers the *Prepare-Enrich* test to the couple.

Installation Premarital Classes

There are four group classes presented in two 2–2½ hour sessions on two consecutive weeks. These are given on a regular basis by the installation family life chaplain. The first session consists of classes loosely entitled *Foundations for Marriage* and *Communication and Conflict Resolution*. *Foundations for Marriage* contrasts the dynamics of a good vs. a bad marriage, examines such constructs as love, commitment, and marital contracts; it then ends with predictable cycles through which marriages proceed. *Communication and Conflict Resolution* focuses on common communication and conflict resolution issues.

The next group class session has two classes entitled *Sexuality* and *Children and Parenting*. The *Sexuality* class examines sexuality issues in general, spiritual dynamics behind sexuality, and differing denominational approaches to some sexual issues. The *Children and Parenting* class addresses positive and negative styles of parenting, current laws regarding physical and emotional abuse, and child developmental issues.

These classes are conducted in such a way as to promote group discussion and sharing. This can best be facilitated by the chaplain's continual asking of questions, eliciting viewpoints, etc. These classes are the only premarital contact couples have with the family life chaplain.

Individual Sessions with Unit Chaplains

The following four sessions with the unit chaplain revolve around issues provided by the Prepare-Enrich inventory. The purpose of these sessions is to present the outcome of the inventory in such a way that the couple learns and grows in understanding and communication. Hopefully group classes will have prepared the couple to proceed to an exploration of their strengths and work areas. The chaplain provides information from the inventory scores, asks questions, provides clarification, and facilitates the couple's exploration of their relationship. Again, the focus is on assisting each couple in better understanding themselves, their unique issues, and the dynamics of their relationship.

Session I: Realistic Expectations, Personality Issues, Equalitarian Roles

In addition to the above areas, the chaplain explores the issue of changes. What changes does one fiancee expect to see in the other? How will these changes take place? What will happen if they do not occur? How realistic is it that changes will take place?

Session II: Communication, Conflict Resolution, Financial Management

If a chaplain believes that this couple needs specific financial instruction, s/he might do well to refer the couple to ACS for work in this regard. This would be especially true for those couples who do not have a relationship strength in the area of finances.

Session III: Leisure Activities, Sexual Relationship, Children & Parenting

Here a focus might be on the friendship (or lack thereof) between the two. Has this been a case of "opposites attracting," or do the two have much in common? What values, interests, and activities do they share? What abilities and inclinations does the one admire in the other? This is a practical spin-off of Personality Issues (Session I). How will this couple spend time together? How will their friendship or lack thereof affect sexuality?

Session IV: Family & Friends, Religious Orientation— Begin Wedding Plans

In this session the chaplain does genogram work, exploring family themes, traditions, and religious backgrounds. What mistakes/pitfalls did they see in their parents' relations? How might they experience the same? What positive "tapes" did they inherit? Which family will they be most like—the woman's or the man's? Why? How can they avoid the negative snares they see in their family's history? How might they sabotage their marriage and family if they were going to do it? Also, the couple is taught the concept of *differentiation*—will the temptation for each be more toward being a separate individual or toward being unduly absorbed in the relationship? How can the right balance be achieved?

Next, the chaplain outlines, as time permits, the couple's options regarding the ceremony. S/he gives them the homework assignment of writing each's definition of marriage AND the promises (vows) each wishes to make to the other.

Finally, if the couple did well on the *Prepare-Enrich* inventory, the chaplain informs them of the results of their inventory and s/he does not believe they need to take the TJTA. If the couple had many work areas on *Prepare-Enrich,* or, if the couple wishes to take the TJTA anyway, the chaplain schedules an appointment for them to come in to take the test.

TJTA Sessions

One session will be needed for the couple to take the TJTA. After this is done, the chaplain schedules an appointment to examine the results. The 2–2½ hour session begins with a presentation and explanation of the analysis.

As in other sessions, the chaplain asks questions to elicit information from the couple. How do you experience the issues which the test shows? How do you account for gaps between how s/he scored and how you see

her/him? Seeing these results, what concerns do you have for your future relationship?

Session on Wedding Preparation

The chaplain begins this session by having the two examine their respective definitions of marriage. S/he again asks questions, clarifies, and moves the couple to a discussion with each other. This discussion may also move to a consideration of how a Christian/Jewish/other marriage is different than a non-religious marriage. Next, the chaplain discusses with the couple the vows they have written. After questions and clarification, there is discussion whether their vows will be used in the ceremony itself. The chaplain may wish to present the couple with options regarding the ceremony as a whole. Finally, the chaplain makes plans with the couple for the rehearsal.

Two key appointments are also made in this final session. First, the chaplain contracts with the couple to either meet with her/him or with a chaplain at their future location six months to a year from the present. This session will be a follow-up opportunity where the chaplain works with the couple to examine the progress and direction of their relationship. The chaplain should keep the *Prepare-Enrich* results on this couple in order to examine specific work areas and how they have developed in the six month to a year interim. The second appointment is for a marriage enrichment workshop or weekend which follows the six-month interview. The installation conducts bi-annual marriage enrichment sessions to accommodate these needs. These marriage enrichment sessions may be conducted by the family life chaplain or by a unit chaplain on a unit basis.

Conclusion

The purpose of this premarital program is to provide a reasonably comprehensive preventive approach to marital and relational needs. Those couples who might change their minds about getting married are most apt to do so where they are involved in a lengthy examination of their own relational issues. Those couples who can benefit from a broadening and strengthening of their relational foundations are also most helped by a similar examination.

Future family therapy possibly needed by a couple having participated in this program will be enhanced in at least three important ways. First, the couple will already have been exposed to chaplains at work in the counseling arena and will know that they can expect both expertise and practical helps. Second, the couple will already have experienced some training in positive relationship building. This means that the chaplain counselor can begin therapy further in the process than s/he might otherwise have been able to do. And third, the couple will be predisposed to seek help when it is needed (as opposed to waiting until it is too late) by their prior participation in a counseling and enrichment process.

It is my belief that this program will greatly assist couples in marital choices and adjustment, will do much to establish positive chaplain contact with unit personnel, and will promote the expertise and availability of both the unit and the family life chaplain.

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This book is an excellent resource for any person who does premarital counseling. It is comprehensive, well-written, and contains a plethora of helpful suggestions. It is the best single resource on the subject I have encountered.

BOOK REVIEWS

1 Timothy, 2 Timothy, Titus

Luke Timothy Johnson

Knox Preaching Guides, ed. John H. Hayes, Atlanta, John Knox Press, 1987 Paper, 140 pages, $7.95

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Books from the Knox Preaching Guides series are designed as brief homiletical commentaries for those involved in teaching and preaching. Contributors to other volumes include such renowned scholars as Walter Brueggemann (I Kings, II Kings), Elizabeth Achtemeier (Jeremiah), Ralph Martin (Mark), and Fred Craddock (John).

In the volume presently under review, Dr. Johnson contends that these epistles need to be heard afresh even though they often "say nay to our proclivities and platitudes". Though the letters are grouped together under the rubric "Pastorals", the reader is urged to let each one tell its own tale.

Johnson begins by noting the *paraenetic* structure of the Pastorals as seen in their emphases on remembrance of traditional teaching and the call for imitation of past & present models. The role of memory *(paranesis)* is important because the symbols and stories of Christian tradition can shape the way we perceive our lives. For example, a vivid recollection of the suffering of Jesus can give perspective to one's own suffering as well as transform attitudes toward failure, social roles, discouragement, and riches.

There can be no doubt that readers of commentaries on the Pastorals will be interested in the interpretation of controversial passages relating to the status of women. Johnson discerns that Paul's assertions on this are *seemingly* analogous to what one would expect from a person living in his age and circumstance. Yet, upon closer examination, Paul's position contains a subtly subversive concept—the severance of the connection between human *condition* and human *worth*. In the Kingdom of God, social structure is not ultimate; a person's worth is determined by the grace of God poured out on *all* without reference to gender, accidents of possession, or social status. Paul's statements in these letters contain his first-century attempt to balance the above pivotal theological fact and its syllogistic implications

concerning human worth—that in Christ there is neither male nor female, slave or free—with the demands of the seemingly permanent social order of Rome. Johnson surmises that nothing in "Paul's text to its canonical status prevents us having women teaching in church, being ministers, or holding positions of authority over men, any more than Paul's directions on idol meat dictate our dining habits today" (73).

This reviewer enjoyed considering Johnson's candidates for the modern echoes of Paul's opponents. The ascetics (gnostics) of Paul's day find their recapitulation among those who narcisstically seek "realized human potential" in career, relationships, exercise, & psychological fads.

Johnson finds that today's banal & conventional church life can inadvertently develop a need for fanaticism & cultism among the young. Adolescents, discontent with moral chaos, turn to bizarre "myths" that promise to deliver structure, coherence, choice and commitment.

Johnson has no difficulty identifying those contemporaries who like to "dispute words". All intellectual terrorism & verbal battling that results in the collapse of community is not of God.

The commentary often gives sparkling insight into many areas of current interest. Here is Johnson on the need for moral exemplars: "But the ancients were correct in this: people do learn their moral habits from the observation of role models rather than from propositions and maxims. So in the absence of powerful & positive living models of virtue, the young learn their morals from the examples of vice paraded convincingly through all the media" (22). On moral probity: "But the majority of human beings for whom escape into drink or drugs is often more than a little attractive, & for whom a sexual adventure with someone other than one's spouse is often extremely desirable, find that these virtues represent a sort of quiet heroism, won day by day" (81). On true human liberation: "Both the woman who is a real woman only in childbirth, and the woman who is a real person only because she carries a briefcase are in prisons. Only when we insist with Paul that none of these differences matters will we be free to change them as well as affirm them" (110).

Johnson's commentary deserves the preacher's attention. It can assist in the vital task of meaningfully linking text and life.

Chaplain (CPT) Steven A. Sanders
U.S. Army

Liberating Ministry from the Success Syndrome

Kent and Barbara Hughes

Tyndale House Publishers, Inc., Wheaton, IL (1988)

Hardcover, 204 pages, $9.95

Kent and Barbara Hughes have been married for twenty-five years, twenty-three of which have been in pastoral ministry. Dr. Hughes is a graduate of Talbot Theological Seminary and Trinity Evangelical Divinity School. He presently pastors College Church in Wheaton, Illinois. He is the author of seven books. This is the Hughes first book together.

This book addresses the crisis of "success" plaguing the church. Secularized ideals of success, straight from the business world, are increasingly being applied to the church. Thus, whatever else can be positively said about a church, it is not succeeding unless it is growing numerically. Pastors of big, growing congregations are, by definition, the most successful. In some instances, a secularized competitiveness grips ministry today. If Pastor A's congregation surpasses Pastor B's congregation in attendance figures, then Pastor A is the more successful pastor. The respect a pastor receives, it seems, is proportionate to the size of congregation he serves.

This means that there are untold numbers of pastors whose self-worth is affected by the size of congregation they serve. Many pastors of small congregations feel discouraged and insecure ... as if they are failures.

The authors of this book found success in a small congregation that was not growing. They found success in the midst of what the world would call failure. In their study of the Scriptures the authors learned that they are not called to success, as the world fancies it, but to faithfulness.

They offer practical, biblical advice that liberated them from their bondage to the "success syndrome." They put forth a simple, basic plan for biblical success in ministry where one is striving to be faithful (obedient to God's Word and hardworking); to serve God and others; to love God; to believe what you believe; to pray; to pursue holiness; and to develop a positive attitude.

After defining each part of their plan as success they discuss encouragements for those who serve in ministry. Encouragement from God, encouragement from the Call; encouragement for the ordinary; encouragement from fellow workers; and encouragement from reward.

The final part of this book deals with helps for those who are struggling in ministry. They have separate chapters on how the pastor's wife can help and how the congregation can help.

LCDR C. Douglas Kroll, CHC, USNR

Counseling Christian Workers

Louis McBurney, M.D.

Word Publishing, Inc., 1986

Hardcover 293 pages

Dr. Louis McBurney is a psychiatrist. He is the author of two books. *Every Pastor Needs a Pastor* and *Families Under Stress*. He has written numerous articles on ministerial stress. He and wife direct Marble Retreat, Marble, Co. which provides counseling for clergy and families.

This book is the second in a series being published by Word. Inc. called Resources in Christian Counseling. Dr. Gray R. Collins is the general editor of the series. Other books published thus far include *Innovative Approaches to Counseling* by Glary Collins; *Self-Talk, Imagery, and Prayer in Counseling* by H. Norman Wright, and *Counseling Those with Eating Disorders* by

Raymond E. Vath. If the quality of the other books already in print and those which will be forthcoming, is as good as the one being reviewed, the Series will be an excellent set of resources for chaplains and counselors.

Dr. McBurney uses illustrations throughout the book based on his experiences at the Marble Retreat to illumine the difficulties clergy from various backgrounds find themselves in. He has written the book in three basic parts—Understanding the Hurting Christian Workers, Common Diagnostic Considerations and Counseling Approaches, and Therapeutic Techniques. Each part is then broken down by chapters, of which there are eight. The discussion of the book is, by design, written for ministers and their families. The information will help the minister help himself or provide help to other ministers he counsels. The book is well written, easy to read, and up to date in approach.

As I read Dr. McBurney's prose. I found several insights which have helped me be more aware of myself. I was able to relieve and, at the same time, understand some of the tension I experience in some of my counseling situations. I was greatly impressed with the author insight, careful consideration of topics, and the ability to express himself. Having read *Every Pastor Needs a Pastor* several years ago. I felt Dr. McBurney has enhanced his writing style.

This particular book is ideal for supervisory chaplains as they help other chaplains deal with the stress of counseling, adjustments to family pressure as a result of the military, and overall ministry stress. I highly recommend this book.

Chaplain (CPT) Thomas C. Condry
U.S. Army

Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs

Dick Shaefer

Johnson Institute Books. Minneapolis, 1987.

156 pages. $9.95 (paperback)

> This is a first-rate resource for everyone who helps chemically dependent families. Dick Shaefer, an addiction counselor with 20 years experience, has written a clear, concise manual dealing with the teenage drug problem. The disease in teenagers differs from the adult alcoholic. Teenagers go down faster. Their disease is complicated by the problems of adolescent development, peer pressure, and need for acceptance. Parents of adolescents are natural enablers. They confuse parental care with inappropriate helping roles in dealing with their kids.

Shaefer's guidance is: ''You sat on the burner, baby ... You sit on the blisters.'' Parents of chemically dependent kids want to cushion the blisters. They do it by making excuses for their kids, intervening with the school or the courts, or tolerating the aberrant behavior of drug using kids. They enable drug abuse.

Recovery for both parents and teenagers begins with disengagement. Parents have to disconnect themselves from the insanity of the drug abuser's

world. They have to learn how to confront the problem constructively. The author provides parents a series of contracts that give the substance abuser "choices and consequences." Each contract is progressively more severe in restrictions and options for the teenager. Finally, parents have to learn how to reintegrate their lives with the life of the recovering teenager when he or she begins the recovery process.

Shaefer discusses behavioral changes to watch for when parents suspect drug use by their kids. He omits one area that may indicate that drugs are the problem. "Druggie" imagery is a sign that the kid has been drawn into the sub-culture of drug abusers. Druggie imagery can be seen in dress and appearance—concert T-shirts, long (frequently dirty) hair, pale, sallow complexion, jackets with drug images. Frequently, the choice of music, rock groups and art are indicators: heavy metal rock, drug language, satanic/demonic images, violence, and wild, exotic art. This oversight in no way diminishes the value of the book.

Choices and Consequences is the best work available on the teenage drug problem. It is a welcomed addition to the Johnson Institute publications. Parents, youth workers, teachers, and especially the clergy will want this as a reference book.

Chaplain (LTC) William L. Hufham
U.S. Army

Love: Christian Romance, Marriage & Friendship

Diogenes Allen

Cowley Publications, Cambridge, Mass., 1987

Softback, 138 pages, $8.95

The author describes the connection of love to romance and friendship as the ideal to be supported in our society for marriage. Historically, friendship was praised as the highest form of love between human beings. Today romantic love is a high ideal in our society. Some philosophers have even distinguished Christian love as separate from both of these trends. A tension between romantic love and the Christian view of love is thought to exist which the author seeks to address.

The purpose of the author is to show the connection between Christianity and the widespread ideals and experience of passionate love between man and woman. Furthermore, the author shows how agape is an indispensable ingredient of love. He presents romantic love as a vital contribution to the Christian view of love of God and love of neighbor.

Romantic love has set many marriages up for failure with their unrealistic expectations imposed on marriage. Hence, the author attempts to free romantic love of its lack of realism by using a religious framework as the ideal to strive for both in marriage and in friendship relationships.

In the first chapter the author describes the experience of perfect love. Among the characteristics he describes is the need of the person to lose

self-concern and to discover the 'otherness of the loved'. By this I take him to mean the separateness and autonomy of the individual.

Another significant chapter is a description and comparison of romantic love and marriage. Our society views romantic love as the way to fulfillment. He relates these to the ideals and values of marriage in our Christian faith. Overall the author attempts to show the relationship of romantic love, friendship and the Christian doctrine of love as it relates to Christian marriage. My favorite question is quote from de Rougemont: "Why should neurotic, selfish, immature people suddenly become angels when they fall in love and live happily ever after?"

This book is a refreshing discussion of romantic love and the Christian understanding of love and marriage. The author's attempt to relate love to contemporary streams of thought in our society make the book worthy reading to the serious student of marriage and love in our society.

Chaplain (LTC) Ardon O. Schmidt
US Army

Euthanasia: Spiritual, Medical & Legal Issues in Terminal Health Care

Beth Spring—Served as an Editor of* Christianity Today *and is a journalist. This is her second book.

Ed Larson—Teacher of history and law at University of Georgia.

> This book is written specifically to discuss issues pertaining to the topic of euthanasia. However, I found that many of the issues are applicable with regard to AIDS and accident victims.

There is a discussion of medical realities, societal attitudes, and new legal trends. Chapters deal with ethical issues, historical and current Christian perspectives of euthanasia and suffering. A last section discusses the choosing of surrogates, living wills, and finally hospice care as an alternative to euthanasia.

Appendicies include the guidelines concerning life, sustaining treatment at the Crista Nursing Center, and the Life Sustaining Procedures Act of the State of Maryland.

Current and recent court cases are used as a backdrop to present legal and ethical issues. Most of the cases presented made the national news media and were highly visible for long periods of time. New medical technologies, procedures, and skills are impacting health care and continue to be important considerations in these cases.

I found the discussion of ethics in the area of euthanasia, both past and present, to be of a cursory nature. I realize however, that the book is trying to cover a highly sensitive and very complex subject.

This informative book adequately stimulates thinking. For any chaplain as he/she ministers to families who struggle with dependent health care needs, this book is a good basis from which to begin a ministry. The information provided would also help in ministry to health care professionals.

I recommend this book as a starting point in both the discussion of euthanasia and raising of the conscience towards the legal and spiritual issues surrounding today's major medical issues. It can provide a basis for conducting values and ethics classes.

Chaplain (CPT) Thomas C. Condry
U.S. Army

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